VS A1S (4) 1SM 9/S5

06

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09049

	Keg. Dist. No.
a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MANNIAM b. COUNTY
b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) The company of	c. CITY OR TOWN (If putside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION SALAURACE MUMALE HOSP	d. STREET ADDRESS' Pleasuret Valley YES NO THE
3. NAME OF DECEASED (Type or print) GORYY H. Middle An	4. DATE Manth Day Year OF DEATH Aug 10 1950
male white WIDOWED DIVORCED	BOATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HKS. Months Days Hours Min. Hours Mi
10a. USUAL OCCUPATION (Give kind of wark done during most of working life even if retired)	Carroll Co-md. U.S.a.
3. FATHER'S NAME	mary a. Kemper
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes, give wor or dates of service) 220-46-06-96	Mrs Stanley M Blaver Westpurster
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hemorohase Interval Between ONSET AND DEATH
Canditions, if ony, which) DUE TO LAMBORITHMEN Canditions, if ony, which)	
gove rise to immediate case (a), stating the under.	in caracovarium asses you
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURRED OR CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO.
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While at wark at wark 19 at wark 1	ACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from 8 / 9 alive an 8 / 0 , 18 5 9 , and that death	accurred at 1145 PM, from the causes and an the date stated above
SIGNATURE Denny V, Chase	M.D. 4 E-Church St 8/11/5
PHYSICIAN'S HEMFY V. Chase	Frederick Md
REMOVAL (Specify) REMOVAL (Specify) AUTO 13,50 PLANS AND THEREOF 122c. NAME OF CEMETERY OF COMMENTS AND AUTO 13,50 PLANS AND AUTO 13,	R-CREMATORY 22d. LOCATION (City, town, or county), (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	DATEUG 1 4 '59 Cuthur S. Kraus

mention of contact according to the base of the contact and production of the production o In control to Laborate the decaded Washington

CERTIFICATE OF DEATH director, iled with Page ! 1. PLACE OF DEATH filed v o. COUNTY MARYLAND death. unerol h CITY OF TOWN (If outside corporate limits write C LENGTH OF STAY IN 16 9 RURAL and give nearest town) o Shayd d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 67 puc c NAME OF First Middle Last filled DECEASED (Type or print) S SEY 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B DATE OF BIRTH WIDOWED | DIVORCED T complet popers. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY death. during most of working life, even if retired) puo carbon FATHER'S NAME ofter physicion certificote hours 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ottending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: DRONARY DUE TO þ Conditions, if ony, which gave rise to immediate per DUE TO casse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) certificate 50 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) a. m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram detached alive an ECTOR: ACTUAL prior pe DIR ploods PHYSICIAN'S registror NAME (Type) FUNER 3 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY poge REMOVAL (Specify) 0 PUNERAL DIRECTOR'S SIGNATUR

VS A15 (4) 1SM 9/SS

09050 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) h. COUNTY c. CITY OR TOWN It outside corporate limits, write RURAL and give negrest town) oodsboro . IS RESIDENCE ON A FARM? YES NO P 4. DATE Month Year Day OF 190 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months 12 CITIZEN OF WHAT COUNTRYS INTERVAL BETWEEN ONSET AND DEATH THROMBOSIS Few minutes PERFORMED? YES NO NO 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) to aug. 22 1958 that I last saw the deceased and that death accurred at 4:15 A.M., from the causes and an the date stated above. ADDRESS (Street, city or lown, state) 22d. LOCATION (City, town, or county) (State) 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthur S. Three AUG 2 6

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ments better that and an income are not one of the first of an income of the first

ADDRESS

240. REC'D BY REGISTRAR

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2 '59

24b. REGISTRAR'S SIGNATURE

Cirching S. Krous

TO HOSPITAL CONTENDING

may be retain. The haspite

TO FUNERAL DIRECTOR: After to

SSS 170 FUNERAL DIRECTOR: After to

SSS 250 FUNERAL DIR

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FUNERAL DIRECTOR'S SIGNATURE

1-20 Chilly and made and		CERTIFICATE OF D		10	
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	Land William			do selimen	
All Hall	is A.		100		
	1825			ST. A. A.	
		Stones et ave			
		1 Tr. 44	3		
				Book and the	
		Stranger Me		alconomy to a man personal in	

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death: Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9080

CERTIFICATE OF DEATH

090	52
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3		0	9	0	5	2
Reg.	Dist.					

	o. COUNTY Fre	derick		MAR	YLAND	o. STATE Mar	yland		Freder		ssion
	b. CITY OR TOWN (IF FRURAL and give ne Frederick	outside corporate lim orest town)	ts, write	c. LENGTH OF STAY	Y IN 1b		(If outside corp. derick	orate limits, write R	URAL ond give	nearest to	vn)
	d. NAME OF HOSPITA FOR INSTITUTION Frederick	Memorial H	ospi	oddress) tal		d. STREET ADDRES		n Street		ON	A FARM?
3.	NAME OF DECEASED (Type or print)	GEOR	GE	DeWIT'	T	BIGGS	4. DATE OF DEATH	Mon	ugust	Day 12,	Yeor 19 59
	sex Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARR		8. DATE OF BIRTH 21 Dec 18	91	9. AGE (In years lost birthday) yrs.	Months Doy		T
100	_during most of work	N (Give kind of work ing Jife, even if retired nisher		KIND OF BUSINESS O		Frederi		country)	USA		AT COUNTRY
	FATHER'S NAME E. H. Bigg	S	2004			14. MOTHER'S MAID					
TS.	WAS DECEASED EVER	R IN U. S. ARMED FOR	fasives	SOCIAL SECURITY NO 214-10-179		rs. Grace R	. Biggs	(Same as		2)	
ATION	450.0 Conditions, if or gave rise to in couse (o), stating t lying couse lost.	he under-	,	Ortino S	Z CL	NOT RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	EN IN PART I(a	2 720	ORMED?
MEDICAL CERTIFICATION	20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)		NJURY OCCURRED	20e, PL/	O. (Enter nature of injury ACE OF INJURY (Home, lory, street, office bldg.	form, 20f. (Cit		(Coun	ily)	(State)
4	21. I certify the alive an	BOH.	deceas	ed from Just		accurred at 10: M.D. 228 N. Frederi	40A _M , fro ADDRESS (S Market	m the causes of treet, city or town,	state)	date sta	ted abave
220	BURIAL, CREMATION BURIAL (Specify)	8-17-59	F	Arlingto		crematory tional Cem.	22d. LOCA Ft.	TION (City, town, o	or county)	(Sto	ote)
23.	M. R. Etch	signature nison & Sor	, Fr	ADDRESS ederick, M	d.	24g.	REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGNA		

moy be retained; the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by we funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or removal, and in any event within 72 hours after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A15 (4) 15M 10/57

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sherread, to.	

the registror prior

TO HOSPITAL

VS A15 (4) 1SM 9/SB

requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9081 **CERTIFICATE OF DEATH**

Reg. Dist. No.

	ACE OF DEATH COUNTY Frederick		MARYLAND		Maryla Maryla		l lived. If instituti b. COUNTY		deri		ion)
ь. <u>Т</u>	CITY OR TOWN (If outside corporate limit RURAL and give nearest town) I EGELLCK		TH OF STAY IN 16 Years	c. (CITY OR TOWN (IF		rate limits, write F	URAL and	give nea	rest town)
d.	NAME OF HOSPITAL (If not in hospitol, g ORMSITUTION 10 East Church Stre	et		d. STREET ADDRESS 118 East Church Street o. IS RESIDENCE ON A FARM YES NOT							FARM?
DI	ME OF Fire CEASED (Pe or print) GEORGE	S. CLIN	Middle ITON BOF	ST	Lost	4. DATE OF DEATH	Au	igust	Do 22	,	Year 1959
5. SE	6. COLOR OR RACE White	7. MARRIED N	DIVORCED		Jan 186		9. AGE (In years last pirthday) yrs.	IF UNDER Months	Days	Hours	R 24 HRS Min.
10a.	JSUAL OCCUPATION (Give kind af work of luring most of working life, even if retired Retired	lone 10b. KIND OF Merch			. BIRTHPLACE (Stote Maryland	te ar fareign co	ountry)		IZEN OF	WHATC	OUNTRY
13. F	THER'S NAME			14. A	AOTHER'S MAIDEN	NAME					
Y	Villiam Bopst				Sarah Le	ase	The		6 15		-
15. W	(AS DECEASED EVER IN U. S. ARMED FOR p. or unknown) (If yes, give wor or dates of se	None		INFORM IISS	Edna I.	Bopst	(Same as	item	#1))	
1	B. CAUSE OF DEATH [Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1. 0	(b), and (c).]	en	nha	00			INTE	RVAL BE	TWEEN
	33/X DUE TO Canditians, if any, which)					8			6	2	w
	gove rise to immediate couse (a), stating the under- lying couse last.	arter	iv S	el	non	2					
CATION	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BU	T NOT RE	LATED TO THE TER	MINAL DISEASE	CONDITION GI	VEN IN PAR	RT 1(a) 1	9. WAS PERFO	RMED?
CERTIF	Og. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HO	W INJURY OCCURRI	ED. (Enter	r nature of injury i	n Port I or Port	II of item 1B.)				
MEDICAL	Dc. TIME OF INJURY Manth, Doy, Yea Haur a.m. p. m.	While Not			INJURY (Home, fareet, office bldg., e		or town)	((County)		(Stote
Á	11. I certify that I attended the alive on and 22		and that death	h occui	4 E. Chu	AM, from ADDRESS (St	the causes ar	nd on th	e date	stated	abave
	HYSICIAN'S E. P. Thomas				Frederic						
220. B1	SURIAL, CREMATION, 226. DATE THEREO 8-25-59	220.147	me of CEMETERY C				rion (City, town, erick, Ma		nd	(Stat	e)
23. FU	neral director's signature R. Etchison & Son,	Frederic	ok, Maryla	and		C'D BY REGIST		istrar's si			

Same State of the Capital Capital The state of the s Series to the series of the se

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is gessary, please exe
cute the certition the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dire. Page 4 should be
farwarded 15 me Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.
TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 gad 2 with the registrar priar ta burial, cremation,
or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9082 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

eg, Dist, No. 09054

					Reg. Dist. 140	10
1. PLACE OF DEATH O. COUNTY Frederick		MARYLAND	2. USUAL RESIDENCE (W	there deceased lived. If instand b. COUN	itution: Residence bel	
b. CITY OR TOWN (If outside corporate of one give nearest town) Frederick	limits, write RURAL	c. LENGTH OF STAY IN 16 Years	c. CITY OR TOWN (IF	autside corporate limits, wri	ite RURAL and give n	earest tawn)
d. NAME OF HOSPITAL OR INSTITU Frederick Memori			/d. STREET ADDRESS 242 East	Seventh Stre	eet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First CORA	Middle JANE	BURNS	4. DATE Mai OF DEATH	August 7,	Yeor 19 59
5. SEX 6. COLOR OF White		200	L DATE OF BIRTH	9. AGE (in years lost hirthday) 15 yrs	Months Days	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of during most of working life, even if Retired Sewi		y Employee	IRY 11. BIRTHPLACE (Stote Maryland		12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME Julius Watkins			14. MOTHER'S MAIDEN N Amanda (Las	st Name Unknow	m)	
15. WAS DECEASED EVER IN U. S. AR. (Yes. no. or unknown) (If yes, give war o	r doles of service)		rs. Billie D.	Burns (Same		(2)
Canditians, if any, which gave rise to immediate cause (o), stating the underlying		raenture	base of s	3kull	onse 3	ET PIO DEATH
CATIC	(c) NT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMI	naldisease condition g		9. WAS AUTOPSY PERFORMED? YES NO
Hour p.m. 8 / 21. I certify that I took of	Day, Yeo 20d. It While of war tharge at the re	emains described aba	GE OF INJURY (Hame, form, form, street, office bldg., etc.)	20f. (City or town) Tredence Inspection	-	(State) M.d., and find tha
ACTUAL SIGNATURE BODE EXAMINER'S NAME (Type) B. O. T.	Fhomas, M.	cs -	_M.D. CHIEF MEDICAL EX. ASSISTANT MEDICAL DEPUTY MEDICAL E	AMINER	9 Aug 1	DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE BUT 131 (Specify) 8-10-		22c. NAME OF CEMETERY OR Bethesda Cem	-	22d. LOCATION (City, town Browningsvil		and
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison &	Son, Fred	ADDRESS lerick, Maryla			GISTRAR'S SIGNATUR	

VS. A15ME(5) 5M 9/55

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			HOUNT EROS	
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	seemed departed dust Sale	Shirt		
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		an expense group		
	fundaming enall green, section			all northis
in the said	g. bilide I. Direc (bile Se			al.
- Cast (8#7)			a. t. nomen,	
Margad .	ALL YENGER PRODUCT COMMY TOO	aboves.	pas All say	101937
		romerst, expule	e , mo Mambe	H. A. Er

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

IS RESIDENCE

ON A FARM?

YES NO TO

Year

PERFORMED? YES NO

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de Mana

(State)

Hours

1959

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MARYLAND STATE DEPA	RTMENT OF HEALTH-	-BALTIMORE, 18	
9115 CERTI	FICATE OF DEATH	Reg, Di	()9056
1. PLACE OF DEATH OCCUPY Frederick MARY		deceased lived. If institution resider b. COUNTY	. 41.
b. CITY OR TOWN (If outside corporate limits, write RURAL and late nearest town)	4 34	de corporote limits, write RURAL ond	
d. NAME OF HOSPITAL (If not in haspital, give street address) VICTOR CHIEN State TOSM'T	d. STREET ADDRESS P.	erry St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Homas		DATE OF CHIQUET	Day Year 2 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCES	- L - IV/	9. AGE (In years IF UNDER lost birthdoy) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Lawyer Finance	R INDUSTRY 11. BIRTHPLACE (Stole or fo	oreign country) 12. Cl	TIZEN OF WHAT COUNTRY
Charles Edward Cookra	14. MOTHER'S MAIDEN NAMI	ie Shields	2
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [Yes, no_or unknown] [If yes, give wor or dates of service]	17. INFORMANT Kecond of	Victor Cullen	State Hosp
18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	lary tuberon	losis	INTERVAL BETWEEN ONSET AND DEATH
OO2 X DUE TO Conditions, if any, which) (b)	0		
gove rise to immediate couse (a), stating the under-lying couse last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OF OR CONTRIBUTING 204 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter noture of injury in Port.	I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work	20e. PLACE OF INJURY (Home, form, 2 factory, street, office bldg., etc.)	Of. (Cuy or town)	County) (State)
21. I certify that I attended the deceased from	, 19. 9, to 8		last saw the decease
ACTUAL T.F. VESTAL.	death occurred at AN	RESS (Street, city or town, state)	DATE SIGNE
PHYSICIAN'S Thomas F. Vestal	Victor Cu	Untlospital C	ullen Md
REMOVAL (Specify)	TERY OR CREMATORY incoln Cemetery	LOCATION (City, town, or county) Hyattsville	(Store)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY		GNATURE

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				Calif	
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				and IF the su	

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Pages 1

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remayal, and in any event within 72 hause after death

registrar priar ta burial,

TO HOSPITAL 9

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2800

CERTIFICATE OF DEATH

09057

	300.	CEKTIFI	CATE OF DEAT	П		Reg. Dist.	No.	100
1. PLACE OF DEATH o. COUNTY Fr	ederick	MARYLAN	2. USUAL RESIDENCE (Vo. STATE Mary		ved. If institution b. COUNTY	-	before admis	ision)
b. CITY OR TOWN RURAL ond give Frederic		c. LENGTH OF STAY IN 1		outside corporate	e limits, write R	URAL ond give	e nearest tow	n)
OR INSTITUTION	County Chronic		d. STREET ADDRESS					
3. NAME OF DECEASED (Type or print)	First ARTHUR	Middle HAYES	CROMWELL	4. DATE OF DEATH	Augu		27,	Year 19 59
s. sex Male	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED WED DIVORCED		1877	AGE (In years last birthdoy) 81 yrs.	Months Do	YEAR IF UND	-
during most of wo	ION (Give kind of work done orking life, even if retired) Farming	b. KIND OF BUSINESS OR IN Farmer	IDUSTRY 11. BIRTHPLACE (Sto		try)		N OF WHAT	COUNTR
13. FATHER'S NAME Ar	thur Cromwell	15	14. MOTHER'S MAIDEN	name .stiana W	. Trund	lle		
15. WAS DECEASED EN (Yes, no, or unknown) NO	/ER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. None	INFORMANT Mr. Richard Cr	omwell,	Dickers		ryland	1
	EATH [Enter only one couse per EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), ond (c).] Aortic S	teno nis				INTERVAL B	etween Death
Conditions, if gove rise to couse (o), stotinglying couse lost	ony, which (b) immediate g the <u>under-</u>	Cardio V	ascular Diseas	e			10 Y	lear:
_	THER SIGNIFICANT CONDITIONS	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIV	'EN IN PART 1	PERF	AUTOPS ORMED?
	VAS UNDERLYING 20b. DE IG CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury i	n Port I or Port II	of item 18.)			
ZOc. TIME OF INJU Hour o. m p. m	. Whi		PLACE OF INJURY (Home, fo foctory, street, office bldg., e		town)	(Cou	inty)	(Sto
21. 1 certify alive an	that I attended the deced 19. 5 . 19. B. O. Thomas,	ST, and that de	ath accurred al2:05 M.D. Profession Frederick	ADDRESS (Street)	e causes an et, city or town, ding		date state	deceased aba TE SIGN 27/5
220. BURIAL, CREMATI REMOVAL (Specif Burial		22c. NAME OF CEMETER Mount Olive			N (City, town, e		(Sta	
23. FUNERAL DIRECTO		ADDRESS	24a. RE	C'D BY REGISTRA AUG 3 1 '59	R 24b. REGIS	STRAR'S SIGN	ATURE	14

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haury may be retain. If the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 shauld be detached far use as the burial-transit permit. Then please re albours . I madestable . It al Later to pretact the factor brains at 19 sylling that the respect to the 19 seems to see

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TO HOSPITAL G TO FUNERAL D

VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9085 **CERTIFICATE OF DEATH**

Reg. Dist. No.

09058

-										
	PLACE OF DEATH	rederick		MARYLAND	o. STATE		sed lived. If institut b. COUNTY	1	eric	
-5		f outside corporate lim	its, write	c. LENGTH OF STAY IN 16		wh (if outside cor	porote limits, write			
	Frederic			hours	X Mid	dletown	1			
	d. NAME OF HOSPIT	AL (If not in hospital of	give street		d. STREET ADD		-1		e. 15 RE	SIDENCE
F	rederick	Memoria.	l Ho:	spital						A FARM?
	NAME OF DECEASED (Type or print)	Coom	-	Middle	Lost	4. DATE OF DEAT		nth	Day	Year
		Geor		Thomas	Davis	DEAT	<u> </u>	IF UNDER 1 YE	EAD OF THE	159
5.	SEX		/- MARR	IED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Da		
	male	white	WIDOWE	DIVORCED	2/20/19	900	59 yrs			
10a	during most of worl	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZEN	OF WHA	T COUNTRY
	office u	- (/		government	Mary	rland		TT	.S.	
13.	FATHER'S NAME)	14. MOTHER'S M.					
	Joffe	rson Davi	ic		Come	h Stewa	and:			
15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17. I	NFORMANT	III DLEWA		dress		
	no. or unknown)	(If yes, give war or dates of			erbert F	Dorri	Maaar	24000	3.5.2	
=					TEL DEL C T	· Davis	o midul	etown,		
			ouse per fir	te for (a), (b), and (c).]	/./	0			NTERVAL E	
	PARI 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	0)	retral	/ Vern	omha	92/		30	tays
	33/X	DUE TO					-			/
	Conditions, if o	ny, which) (t	1							
	gove rise to i	mmediate (2 1	- 1				100
	lying couse lost.	the under-	. a	rperio S	cler	oses		5/18 h = 1		
z		HER SIGNIFICANT CON	ADITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISE	ASE CONDITION GI	VEN IN PART 16	1 19. WAS	AUTOPSY
TE									PERF	ORMED?
5	00 45510511714		lan pec	CRISE HOW IN CORP. O COURSE	D. 15		II 10 t		I TES [] NO []
CERTI	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCURRE	U. (Enter noture of it	njury in Port I or P	orr II or item 16.)			
3	20c. TIME OF INJUR	Y Month, Doy, Ye	ar 20d. It		ACE OF INJURY (Ho		ity or town)	(Cour	nty)	(Stote)
MED	Hour o.m.	19	While of wor	INOI WILLS	ctory, street, office b	idg., etc.)				
2				11. 7	2	Pine	1- 5	22		
	21. I certify th	at I attended the	deceas		2 1924.	to filling		Z., that I last		
	alive an	wy D	125	4 , , and that death	accurred at		om the causes			
		910		111 1	0	ADDRESS	(Street, city of town	pstote)	0	DATE SIGNE
	ACTUAL SIGNATURE	XI ZEN	ner	Harp	M.D	Me	edlet	oun	8-	7-5
	-7-55-57	11 1 ~	- /	1 61.	o (-	7-10-0				01
	PHYSICIAN'S NAME (Type)	VJE	m	ek HAI	P			hory	Car	d
220		ON, 22b. DATE THERE	OF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOC	ATION (City, town,	or county)	(Ste	ote)
	REMOVAL (Specify)	8/8/10	150	Ft. Green M	.E. Ceme	terw F	Rel Air	147	2 2 2	
23.	FUNERAL DIRECTOR			ADDRESS	2	40. REC'D BY REG	ISTRAR 246. REG	ISTRAR'S SIGNA		
	Gladhill		Mid	dletown. Md		ATE AUG 1 0		Irthung 8. +		
_	dranii-TT	Joinparty ,	TILL	drecomi, Ma	• 0	AIL		A. 1	maria	

HTASO FOR DEATH Land to the state of the state E SERVICE STATE derivative insurance and the feet and the feet and

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	tained y the haspital ar attending physician.	taine. If y the haspital ar attending physician. I. DIRECTOR: After this certificate has been signed by the attending physician and campletely

			LAND 185			ATE OF DEAT		TIMORE,		•	059
1. PLA	CE OF DEATH					2. USUAL RESIDENCE (V	Where decease				issian)
d. C	F	rederick			MARYLAND		arylar	b. COUNTY	Ca	4/2/11	
Ь. C	ITY OR TOWN (I URAL ond give no	f outside corporate limi	its, write	c. LENGTH O	F STAY IN 16	c. CITY OR TOWN (I	If outside corpo	orate limits, write F	RURAL and gi	ve nearest to	wn)
	Freder	ick			1 wee.		on Bri	dge 1	rural	06 X	
C	OR INSTITUTION	AL (If not in hospital, g				d. STREET ADDRESS				ON	A FARM?
	ME OF EASED be or print)	Fir	enia		Middle Eile:	Last	4. DATE OF DEATH	Aug	/	Day	Year 19 59
S. SEX		6. COLOR OR RACE	7. MARE	RIED NEVER	MARRIED [B. DATE OF BIRTH		9. AGE (In years		YEAR IF UN	
Fe	male	White	WIDOW	ED DI	VORCED [Jan. 25,	1915	last birthday) yrs.	Months [Days Haur	s Min.
du	SUAL OCCUPATION OF WORLD	ing life, even if retired	done 10b.	Own Ho		STRY 11. BIRTHPLACE (Sto		ountry)		I.S.A	
3. FAT	HER'S NAME		40			14. MOTHER'S MAIDEN		2,4717			- 5
	Howard	Willard			30.0	Mar	у К. Е	rown			
5. WA (Yes, no,	S DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECUR	TY NO.	NFORMANT		Add			
	No			None		Charles M	. Eile	r Uni	lon Br	ridge	RI
1B.		TH [Enter only one co	use per li	.Am.					11/53	INTERVAL I	BETWEEN D DEATH
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bron	che pu	Duruma				300	
9	Conditions, if a coverise to i couse (o), stoting	mmediote ()	poly e		Kidney	2 3			10 90	eus
_	ring couse lost.	J (c		CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MAINIAL DICEAC	E COMPITION OF	VEN IN DART	1/2/10 14/4/	C AUTORC)
01	PARE II. OIF	IER SIGNIFICANT CON	IDITIONS C	ONIKIBUTING	TO DEATH BU	I NOT KELATED TO THE TER	WINAL DISEAS	E CONDITION GI	VEN IN PAKI	PERF	FORMED?
41) OSC STIPICATION	ACCIDENT WAR	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN.	IURY OCCURRE	D. (Enter noture of injury	in Part I or Por	t II of item 18.)		YES [NO C
	Hour o. m.		ar 20d, II While of wor	NJURY OCCURR Not while		ACE OF INJURY (Hame, fo	arm, 20f. (City	y or tawn)	(Co	ounty)	(Stote
al	. I certify the	at I attended the	decease 19		Sopt I that death	, 1950, ta n accurred at 7-19	M, fram	the causes ar treet, city or town, (lacky)	nd an the	date state	
-	YSICIAN'S L	.R. Schoo	lman	1			Tue	lewh	MA	Vila	
PH NA	TAUL (1) Pari										
22a. BL		N, 226. DATE THEREC		22c. NAME O		or CREMATORY Cometery		TION (City, town, hurmont		vland	lote)

TRAST SO STADENTING F800 Limited Action Canton Ending course X MAY & To destarol latrone. lorgete doce constant relief star content con dridge con A CONTRACTOR OF THE PARTY OF TH colors and recommendation of the control of the part of the first of The Miller of the Market of th anticode . T. I to see prisi (-1949) bin dina cia a caranga tin pon, capta kabi and n. cakenga transpon, c

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9116 CERTIFICATE OF DEATH

09060

						eg. Dist. No	••••••••••
1. PLACE OF DEA				2. USUAL RESIDE	NCE (HOME) OF D		
	derick	MARYL		STATE Mary	land COUNTY	Frederi	.ck
OR end give neere	orate fimits, write RURAL st town)	LENGTH OF	STAY ece)		porate limits, write RURAL e)
	-Mt. Airy	111	е		lMt. Air	У	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS	(If rurel giv	re location)	
3. NAME OF DECEASED	(First)	(Middle)		(Lest)	4. DATE (Mor	ith) (Dey)	(Yeer)
(Type or Print)	JOHN	V.	FOX		OF DEATH	AUG. 9.	1959
	DLOR OR 7. SINGL	E, MARRIED, WED, DIVORCED,	8. DATE C	F BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HRS
male wh	ite Wit	rowed		9-1882	76 yrs.	Months Days	Hours Min.
10e. USUAL OCCUPATION done during most of	Give kind of work working life, even if	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or for	reign country)	12. CITIZE	EN OF WHAT
Carpenter	retired	general	54 5	Maryland		U.S	5.
13. FATHER'S NAME				14. MOTHER'S MAIDEN		all Ante	
		fox xof		Katie Sw	omley		
	IN U. S. ARMED FORCES?	,		17. INFORMANT &			
no	, give war or dates of service	° 219-20-	2396	Mrs. Pau	l Tressler	, same	
422.2 IMMEDIATE ANTECEDENT DISEASES OR CONDITION GIVING RISE TO THE AS TO THE DEATH BUT NO DISEASE OR CONDITION	CAUSE(S) DUE TO NS, IF ANY, (B) LOVE CAUSE CAUSE LAST. (C) CONDITIONS CONTRIBUTING T RELATED TO THE		Chr	ocardio mic My	f Deger	erates,	SET AND DEATH
19e. DATE OF OPERATION		INDINGS OF OPERATION				20	D. AUTOPSY?
21e. ACCIDENT WAS UN	DEDIVING CO 1 215 DI A	CE (Home, ferm, fectory		tic. WHERE DID INJURY OCC	1102 (6)		NO NO
OR CONTRIBUTING CAL	ISE OF DEATH OF INJUR	Y street, office bldg., etc.				(County)	(Stete)
	N	Mhile Not et w	while	21f. HOW DID INJURY OCC		7 7 7 7 1	
22. i hereby cert alive on SIGNATURE 23. BURIAL, CREMATION.	J. N	and that death of Laga	M.D.	llees	causes and on the cores (Street, city, tow	date stated aboven, stete)	DATE SIGNED
BURIAL	8-11-19	959 // 160		airmount	Libertyt		(Stete)
24. REC'D BY REGISTRAR	REGISTRAR'S SIG	SNATURE		25. FUNERAL DIRECTOR'		ADDRESS	
ATEMIG 1 2 '59	distant of the	au A		C. M. Wal	tz, Winfi	eld, Md.	•

PILL CERTIFICATE OF DEATH For Long Town Allen THE RELEASE OF A PROPERTY FRANCE CONTRACTOR OF THE PROPERTY O HOPPICAL PROPERTY AND ADDRESS OF THE PARTY AND ment too or largery recognitional to the Conference start for two . Pa , many tred is a first that the same of the same

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

ofter death; Page 4

9087 CERTIFICATE OF DEATH—BALTIMORE, 18

09061

									Reg	. Dist. No).	
1. PLACE OF DEATH					2. USUAL RESI	DENCE (Who	ere deceased			idence befo	ore admis	sion)
Fr	ederick		MARY	LAND	Maryl	and		b. COL	Fr Fr	eder	ick	
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limit	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR 1	TOWN (If or	utside corpo	rote limits, wi	ite RURAL	and give ne	arest low	n)
	derick		3 week	S	X Rural	- M	yersv	rille				
d. NAME OF HOSPIT OR INSTITUTION 109	AL (If not in hospitol, gi Water St		Account to the second		d. STREET A	" -						SIDENCE A FARM? NOX
3. NAME OF DECEASED	Fire	it	Middle		los	t	4. DATE		Month	D	оу	Yeor
(Type or print)	STELL	A	MAE	G	OUKER		DEATH	1	augus	t 5		1950
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲	B. DATE OF BIRT	Н		9. AGE (In y		IDER I YEAR	-	
female	white	WIDOWI	DIVORCE	D 🔲	May 7,	187	9	80	yrs. Mont	the Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work or king life, even if retired)	lone 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPL	ACE (State o	or foreign co	ountry)	12	. CITIZEN	OF WHAT	COUNTRY
hose			own home		Fre	deri	ck Co	Md.		U.S.	Α.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Mana	ssas Ric	е			Nancy	Amb:	rose					
15. WAS DECEASED EVE	R IN U. S. ARMED FORG		SOCIAL SECURITY NO	17. 1	NFORMANT			11 73	Address			
no			none	M	r. E. B	. Got	uker,	Myer	svil	le,	Md.	
	TH [Enter only one co	use per li	ne for (o), (b), ond (c)	1 /		- 1	,			INI	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	0	ereby	11	1110	mD	0515			1	Sto	110
332X	DUE TO											1
Conditions, if a												~
gove rise to i												
lying couse lost.) (c)											
PART II. OTH	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION	OIVEN IN	PART 1(o)	PERFC	DRMED?
<u>5</u>	A PEILEV	1 2/1	e care	410	- 193(1)	1	Cris	30050	-		YES [NO 🗗
	UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCUKKE	D. (Enter noture o	it injury in P	off I or Por	f II Of item It	•1			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea		UURY OCCURRED	20e. PL	ACE OF INJURY (Home, form,	20f. (City	or town)		(County)	(Stote)
Hour o.m.	19	While of wor	k ot work	10	ciory, sireer, ornice	blog., etc.						
21. I certify th	at I attended the	deceas	ed from Ah	11	10 , 1954	, to_/s	tur.	5 . 19	501.tha	t I last s	aw the	deceased
alive on _ /	14.4	19 <	11	death	occurred at	1 111	AM. fran	n the caus				
	0///	1	20		5			treet, city or t		/	/	ATE SIGNED
ACTUAL	Sex ward	40	tund-	6	M.D	100	ev.	C/C	Mel	8	151	59
PHYSICIAN'S NAME (Type)	Berna rd	0	.Thorh.	as	Jr.	Fue	devi	'CK	1111			
220. BURIAL, CREMATIO	N. 22b. DATE THEREO	F	22c. NAME OF CEM	ETERY C	R CREMATORY		22d. LOCA	TION (City, to	wn, or cour	nty)	(Sto	le)
REMOVAL (Specify) Burial	July 7,	1959	St.Joh	n's	Luther	an	Mr. M	[versv	111e	Free	d.Co	. Md .
23. FUNERAL DIRECTOR	S SIGNATURE 4	2:	ADDRESS				BY REGIST	RAR 24b.	REGISTRAR'		IRE	
Pau	F Bit.t.	recei	Myergyil	70	MA	DATEAUG	7 '5	9	arilun	S. Hear	ud	

TO HOSPITAL O may be retail TO FUNERAL D

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT, OF HEALTH-BALTIMORE, I

CERTIFICATE OF DEATH

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09062

CERTIFICATE OF DEATH

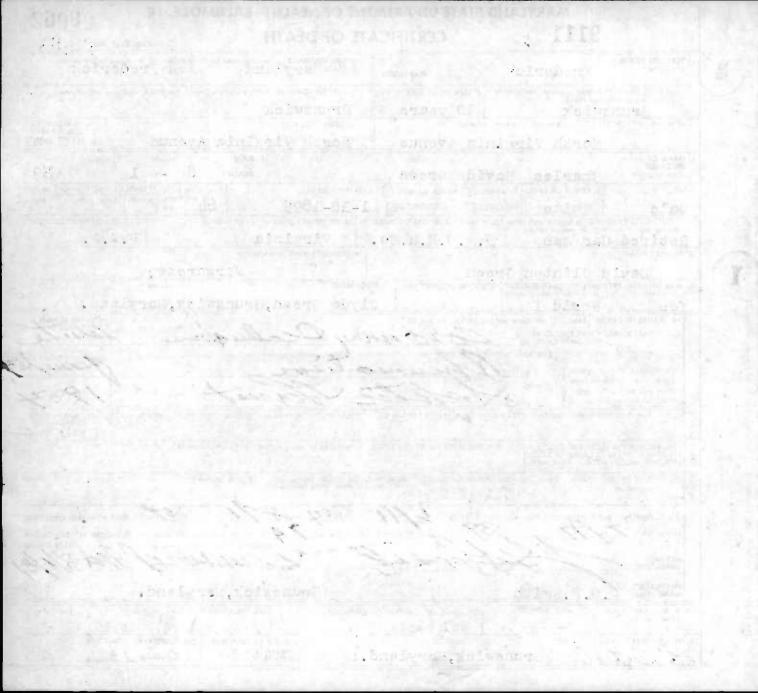
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may be retained, by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attended physician and campletely filled in by the funeral director, Then please remove of and in any event the registrar priar to burial, cremation, ar remaval,

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL 9 VS A15 (4) 15M 9/5B

				2.5		Keg. Dist. No	0.
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (o. STATE Mary	Where deceased live	b. COUNTY	reder	ore admission)
RURAL ond give	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (limits, write RI	URAL ond give n	earest town)
	PITAL (If not in hospital, give street	No.	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
OK INSTITUTION	North Virgin	ia Avenue	North V	irginia	Avenu	.0	YES NE
3. NAME OF DECEASED (Type or print)	Charles Day	Middle rid Green	Lost	4. DATE OF DEATH	8 -	th 1	Year 1959
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. /	AGE (In years out birthday)	IF UNDER 1 YEA	R IF UNDER 24 HR
Male	White wow	ED DIVORCED	1-10-1895	(Mains Days	Hours Min.
during most of we Retired	TION (Give kind of work done 10b. orking life, even if retired) Car man	&.O.R.R.CO			(7)	U.S.	A .
13. FATHER'S NAME			14. MOTHER'S MAIDE				TERRE
Davi	ld Clinton Gre	en		Marg	garete		
15. WAS DECEASEDEN (Yes, no. or unknown)	VER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service) World T		INFORMANT Clyde Gree	n,Brunsv	Addi		đ.
Conditions, if gove rise to cause (a), stotin lying couse loss PART II. O 20a. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	g the under-	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TEL	RMINAL DISEASE CO	DINDITION GIV	EN IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO
20g. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Port II o	of item 18.)		
20c. TIME OF INJU Hour o. m p. m	. While	Not while f	PLACE OF INJURY (Home, froctory, street, office bldg.,		town)	(Count)	y) (Stat
21. I certify olive on	that I attended the decease	10	h occurred at	M, from the ADDRESS (Street	city or town	d an the doi	te stated above
	ON 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, tawn,		(Stote)
23. FUNERAL DIRECTO		ADDRESS		EC'D BY REGISTRAR		STRAR'S SIGNAT	
13 40	// and	rick. Marylan		NIG 5 '59		Chur & H.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9088 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

09063

Reg. Dist. No

	1. PLACE OF DEATH a. COUNTY	Frederick		MARYLAND	2. USUAL RESIDE	Marylan	ased lived. If institu d b. COUNT	v _	ce before od derick	
	b. CITY OR TOWN (I RURAL and give no Freder:		write c. LENGTH C	OF STAY IN 16	c. CITY OR TO	WN (If outside co	erporate limits, write	RURAL and g	give nearest	lawn)
	OR INSTITUTION	AL (If not in hospitol, give Patrick Stre			d. STREET AD		ck Street		0	RESIDENCE N A FARM?
	3. NAME OF DECEASED (Type or print)	First GHER	MAN BEN	Middle ISON	Lost HAINE	S 4. DAT OF DEA		gust	18,	Year 1959
	s. sex Male	6. COLOR OR RACE 7.		NARRIED DIVORCED	B. DATE OF BIRTH October	24, 1883	9. AGE (In year last birthday	Manths	1 YEAR IF U Days Ha	NDER 24 HRS
	Engineer	ON (Give kind of work dor king life, even if retired)	Hospita	INESS OR INDU	Mar	yland	n country)		SA	AT COUNTRY
)	13. FATHER'S NAME George	e H. Haines			14. MOTHER'S A	Minnie	Runkles			
	1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCE: (If yes, give war or dates of service)	16. SOCIAL SECU 215-26-8		s. Nellie	H. Hain		dress s Item	#2	
		ATH [Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e per line for (o), (b),	and (c).]	ardia	c don	rgest			L BETWEEN ND DEATH
	Conditions, if a gove rise to i couse (o), stating lying cause lost.	ny, which mmediate the under-	Card	lova	ardia	rdis	eese		10	pro
	_) (c)_ HER SIGNIFICANT CONDIT	IONS CONTRIBUTING	G TO DEATH BUT	T NOT RELATED TO 1	THE TERMINAL DISE	EASE CONDITION C	IVEN IN PAR	PE	AS AUTOPSY
		AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW IN	NJURY OCCURRE	ED. (Enter noture af	injury in Port I ar	Port II af item 1B.)			
	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Year 19	20d. INJURY OCCUR While Nat whi at work at work	le fo	ACE OF INJURY (Haclary, street, affice		City or town)	((Caunty)	(State
	21. I certify the alive an	BOTH			accurred at	80LM, fro	m the causes of (Street, city or tow	and an the	e date sta	
1	111	B. O. Thomas	, M. D.		Freder	ick, Mar	yland			
	22a. BURIAL, CREMATIC REMOVAL (Specify)	Aug.21,195		of CEMETERY C	Cemetery		derick,		arylar	(Stote) 1d
	23. FUNERAL DIRECTOR M. R. Et	s signature chison & Son	ADDRES			DATE		GISTRAR'S SIG		

may be retained if the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, death. Page 4 TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs death. the registror prior to burial, cremation, ar removal, and in any event within 72 hours after TO HOSPITAL O

VS A1S (4) 1SM 9/SB

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4 should be cremation burial, 0 prior far your files. registrar the pup puo pe may Pages 5 File page Page Give per form ang with edii writing DIRECTO FUNERAL I DEPUTY cute the 0 VS. A15ME(5)

5M 9/55

MARYLANDS ARE DIRATTERED OF HEADY LEADING US TO THE TANDOUT THE DESCRIPTION OF THE PROPERTY OF

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bastuman	exotery Thursont,	Blue Hidge S	82-91-8	Lateral
		Time onto, M	Tempor .	Saymond S

er death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9089

CERTIFICATE OF DEATH

09065

					wan.	J131, 140.
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (W	here deceased live	b. COUNTY	ence befare odmission)
	(If outside corporate limits, w nearest tawn)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		limits, write RURAL and	
d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in hospital, give s		d. STREET ADDRESS			o. 15 RESIDENCE ON A FARM?
Freder	ick Memorial	l Hospital	ROCK	ville,	Maryland	YES NO ST
3. NAME OF DECEASED (Type or print)	First JOSEI	PH M	HARRIS	4. DATE OF DEATH	August	Doy Year 13 19 59
s. sex Male		MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 1/16/1873	9. A	AGE (In years ost birthday) 86 yrs. By the second of the	ER 1 YEAR IF UNDER 24 HRS.
100. USUAL OCCUPATE during most of we Farmer	TION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State		12. (TIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN I			
Jam	es Harris			Unknow	n	
15. WAS DECEASED E	VER IN U. S. ARMED FORCES?		INFORMANT J. Frank Har	mi 6 - 60	Address	item 2d
Canditians, if gave rise to cause (a), statin lying couse las	immediate of the under-	Intestionar all	(06 s Fruct Orterio Siler			3 days
CATIC		ONS <u>CONTRIBUTING TO DEATH</u> BL				PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING 20b. IG CAUSE OF DEATH FY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part 1 or Part II o	of item 1B.)	
20c. TIME OF INJ	. 10 V	20d. INJURY OCCURRED While Not while at work at work	PLACE OF INJURY (Home, farm factory, street, office bldg., etc	n. 20f. (City ar 1	tawn)	(Caunty) (State)
21. I certify alive on	that I attended the dec	FM O	12, 1959, to 4 th occurred at 4,45			I lost saw the decease the dote stoted above
ACTUAL SIGNATURE	J56	mus Harp	M.D. This	delixo	eun Me	8-13-5
PHYSICIAN'S NAME (Type)	1-JE	IMER H	ARP	medde	litoun	md
22a. BURIAL, CREMAT REMOYAL (Specie Burial		Potomac (Potom.	(City, town, or county	
23. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	24a. REC	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE
Robert /	A. Pumphery	Rethesda Me	aryl bre fyre			

TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Frederick c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frederick-Rural RD#7 e. IS RESIDENCE Yellow Springs ON A FARM? YES NO A 4. DATE Manth Day Year 59 DEATH August 10. 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Manths Hours yes 12. CITIZEN OF WHAT COUNTRY? USA Address Mrs. Beatrice L. Harris (Same as item #2) INTERVAL BETWEEN ONSET AND DEATH 48 hrs NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) (County) (State) aug 10 .. 1954 that I lost saw the deceased and that death occurred at 2.35 P.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) 15 E. Second St. Frederick, Md. 22d. LOCATION (City, town, or county) (State) Yellow Springs, Maryland

24b. REGISTRAR'S SIGNATURE

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15M 9/55

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TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

VS A15 (4) 15M 9/5B

9118 STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09067 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	ederick	MARYLAND	2. USUAL RESIDENCE d. STATE	(Where deceased liv	ed. If instituti b. COUNTY	an: Residence bei	fare admiss	sian)
	(If outside carporate limits,	write c. LENGTH OF STAY IN 1b		-	limits, write R	URAL and give n	earest taw	n)
	ldletown	months	// Freder	ick				
OR INSTITUTION	PITAL (If not in haspital, given Nursing		230 E. C	hurch St	5.			SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Walter	Middle H. Heffner	Last	4. DATE OF DEATH	Mor 8	nth E		Yeor 1959
5. SEX male		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		AGE (In years ast birthday) 70 yrs.	Manths Days		ER 24 HRS. Min.
100. USUAL OCCUPA	TION (Give kind of work do	ne 10b. KIND OF BUSINESS OR IND				12. CITIZEN	OF WHAT	COUNTRY
	orking life, even if retired)	coal	Marvlan	đ		U.	S.	
13. FATHER'S NAME		000.2	14. MOTHER'S MAIDE	N NAME				
John He	effner		Sally	Staley				
1S. WAS DECEASED E (Yes. no, or unknown)	VER IN U. S. ARMED FORCE (If yes, give war or dates of servi	57 16. SOCIAL SECURITY NO. 217-32-5684 _{MT}	s. Blanche	He hh ner	r, Fre	ederick	, Md	•
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any, which immediate og the under-	Arterio - sel	Thrimb orthe C.	V Dise	iae	01	July Lm	is suit
PART II. C	THER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BI	UT NOT RELATED TO THE TE	RMINAL DISEASE CO	ONDITION GIV	VEN IN PART 1(a)	PERFC	AUTOPSY ORMED?
	WAS UNDERLYING 20 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury	in Port I ar Part II	of item 18.)			
Y 20c. TIME OF INJ	1.		PLACE OF INJURY (Hame, factory, street, affice bldg.,		tawn)	(Caunt	y)	(State)
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Sernald Dr. B. O.	eceased from July (1957, and that dea July Thomas, Jr.	M.D. Fled	AM from the ADDRESS (Street Christ)	causes ar		te stated	
22a. BURIAL, CREMAT REMOVAL (Speci- burial	(10N, 22b. DATE THEREOF (5) 8/29/19	22c. NAME OF CEMETERY	or crematory emetery	22d. LOCATION			(Star	te)
23. FUNERAL DIRECTO		Middletown, 1	12	SEP 1 '59		STRAR'S SIGNAT		

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MARYLAND STATE DEPARTMENT OF HEALT I -BALTIMORE, 18

CERTIFICATE OF DEATH

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may be retain the hospital or attending physician.

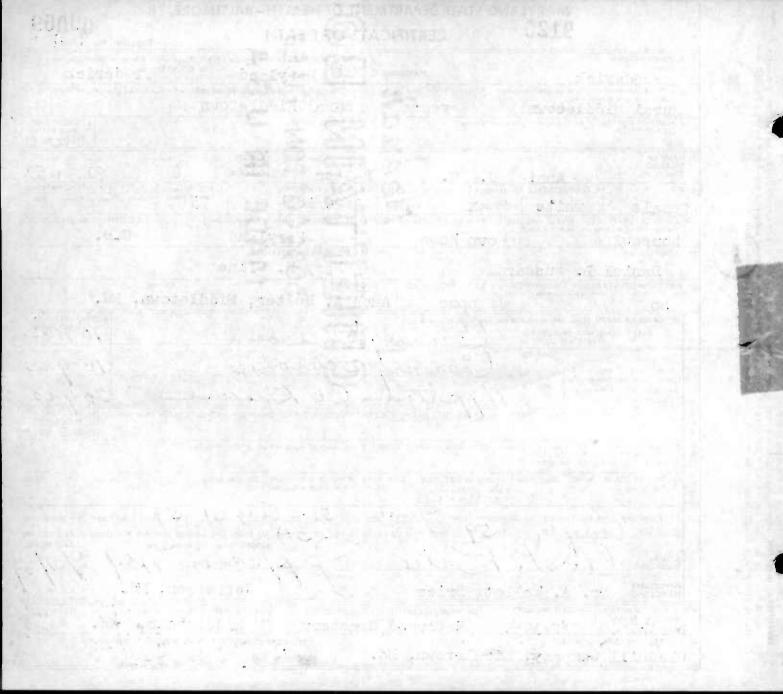
To FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. The page 3 should be detached for use or the burial-transit permit. The page 3 should be detached for use or the burial and in any events.

requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9120 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

09069 Reg. Dist. No

1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary	- h COUNT	tion: Residence before admission) Y Frederick
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Rural Middletown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	•	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION	treet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES TO D
3. NAME OF First DECEASED (Type or print) Annie	Middle C • C •.	Holter	4. DATE MC OF BEATH	Doy Year 31 19 59
	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH 3/20/1884	9. AGE (In year last) in thiday)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Ston	or foreign country) yland	12. CITIZEN OF WHAT COUNTRY U.S.
13. FATHER'S NAME Daniel L. Bussar	ď	Mary M.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT		own, Md.
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.	Caravary My putins	Selero m CU K	Sis Tyeans	10 mm
PART II. OTHER SIGNIFICANT CONDITION	DNS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	ainal disease condition g	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20b. 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 18.)	
Hour a.m.	Od. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, far actory, street, affice bldg., et	m, 20f. (City or town)	(County) (State
ACTUAL SIGNATURE	F0 (17922, 10_3		my 8/31/3
220. BURIAL, CREMATION, REMOVAL (Specify) Durial 9/2/1959	22c. NAME OF CEMETERY		22d. LOCATION (City, town, Middleto	
23. FUNERAL DIRECTOR'S SIGNATURE Gladhill Company. M	ADDRESS Middletown, Md	100	D BY REGISTRAR 24b. REG	GISTRAR'S SIGNATURE



9091 CERTIFICATE OF DEATH 09070

	, 0002	CERTIFICATE OF DEAT	R	leg. Dist. No.
	1. PLACE OF DEATH	MARYLAND O. STATE	Where deceased lived. If institution: b. COUNTY	Residence before admission)
	FRURAL and give nearest town)	SWKS IIFred	If outside corporate limits, write RUR.	AL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION	d. STREET ADDRESS	15t 5t.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	JACKSON JOHE	4. DATE Manth	Doy Yeor 3/ 1959
	F C WIDOWED	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KINE sturing most of working life, even if retired)	Tred.	cote or foreign country)	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME JACKS	14. MOTHER'S MAIDEN	ELA DIS	5.5
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or phylown) (If yes, give wor or defet of service)	-18-1682D, W/11	AUS - 11 Bodrey	EAST
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o). (b), and (c).)	uarrhase	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate care (a), stating the under-lying cause lost.	aliquain & Oblan		? moutles
0	CATI	RIBUTING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
		E HOW INJURY OCCURRED. (Enter noture of injury i	in Port I or Port II of item 18.)	
	Hour o.m. While _	Y OCCURRED Not while of work 20e. PLACE OF INJURY IHome, for factory, street, office bldg., of	orm, 20f. (City or town)	(County) (State)
ı	21. I certify that I attended the deceased f	from. 8/1, 1959, ta.	8/3/ 1959,1	that I last saw the deceased
	ACTUAL CAMPAND TINA	, and that death accurred at	M, from the causes and ADDRESS (Street, city or town, sta	
1	PHYSICIAN'S JAMES B. TH	homas Fred	erick-h	1d,
	220. BURIAL, CRÉMATION, 22b. DATE THEREOF REMOVAL (Specify)	C. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or o	county) (Stote)
	23, FUNERAL DIRECTOR'S SIGNATURE			AR'S SIGNATURE

moy be retained the hospital or ottending physicion.

2 FUNERAL DINAMOR: After this certificate has been signed by the ottending physicion and completely filled in by a funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. deoth: Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR moy be retoine TO FUNERAL DI VS A15 (4) 15M 9/S5

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09071

CERTIFICATE OF DEATH

				R	leg. Dist. No.	
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WH	nere deceased liv	ed. If institution:	Residence before	e admission)
Frederick	MARYLAND	Maryla	and	b. COUNTY F	rederic	ck
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate	limits, write RUR	AL and give near	rest fown)
Middletown	years	X Middle	town			
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		ŧ		IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE	Month	Day	Year
(Type or print) William	Control of the contro	Kefauver	OF DEATH	8	2'	7 19 50
	RIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years IF	UNDER I YEAR	
male white wipow		1/10/1882			Aonths Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.			or foreign count		12. CITIZEN OF	WHATCOUNTRY
during most of working life, even if retired)		Marvlai			U.S.	
1arm owner, ret.	farm	14. MOTHER'S MAIDEN I			0.0.	
				2 2 2		
Lewis F. Kefauver 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Joanna INFORMANT	Cooke	Address		
(Yes, no, or unknown) (It yes, give war ar dates of service)		rs. William	Kofour			m MA
no	none	L.Z. MITITAIN	Veran	ver, hir	dareco	wn, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stating the under- lying couse last.	Herio sch	leration of	Jeant Jeant	disea	se 1	14 yr
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIVEN	IN PART 1(a) 19	. WAS AUTOPS PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II	of item 18.)		
20c. TiME OF INJURY Month, Doy, Year 20d. I Hour o. m. While at wor	Not while fa	ACE OF INJURY (Home, farm ictary, street, affice bldg., etc		town)	(County)	(Stot
21. I certify that Lattended the decease	ed from 10/5	1956 to	8/27	195 9 th	ot I last sow	the decease
alive on 8/27 .19	5 9 . /	occurred at //:20	Ry from the	e couses ond		
12/ -h	2 2/			t, gifty or town, sta		DATE SIGN
SIGNATURE Planely	(. Henson	M.D. 2 Finder	Blue	mile	lldown	md. 8/
PHYSICIAN'S NAME (Type) Dr. Kenneth He	enson	Middle	tiewa		Md.	
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			N (City, town, or o		(Stote)
burial 8/30/1959		Cemetery		dletown		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC	EP 1 59		RAR'S SIGNATUR	
Gladhill Company, Mid	dletown, Md.	DATE	FI 1 39	ant	hun & these	4

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TO HOSPITAL OF

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9122 **CERTIFICATE OF DEATH**

09073

					Reg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Freder	ick	MARYLAND	2. USUAL RESIDENCE (Who		ution: Residence before admission) TY Frederick
b. CITY OR TOWN (If outside of RURAL and give nearest town Emmitsburg)	orporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or X Emmitsb		RURAL and give rearest town)
d. NAME OF HOSPITAL (IF not OR INSTITUTION 220	in hospitat, give street East Main	address)	/ d. STREET ADDRESS 220 Eas	t Main	e. IS RESIDENCE ON A FARM? YES NO
	First	Middle Nora	Knipple	4. DATE NOF DEATH Augu	tonth Day Year st 19 19 59
Female Wh:	te widow		8. DATE OF BIRTH Oct. 6, 188		rs IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give I during most of working life, e Houseke	ven if retired)	own home	USTRY 11. BIRTHPLACE (Stole of Frederic		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Knipple		14. MOTHER'S MAIDEN N. Jennie		
15. WAS DECEASED EVER IN U. S. (Yes, no. or unknown) (If yes, give to the control of the control	ARMED FORCES? 16. wer or dates of service)	SOCIAL SECURITY NO. 17.	Tharry 1	& trush	Emmitsburg, Md
PART I. DEATH (Enter PART II. DEATH WAS COMMEDIA AND CONDITIONS). If any, which	TAUSED BY: TE CAUSE (o) DUE TO (b)	ne for (o), (b), ond (c).] Aute Cold rulas Le	ian failure	e / ·	INTERVAL BETWEEN ONSEVAND DEATH
gove rise to immediate couse (a), stoting the underlying couse lost. Z PART II. OTHER SIGNI Z OG. ACCIDENT WAS UNDERLOR OR CONTRIBUTING I CAUSI (IF ETITLER, NOTIFY MEDICAL	DUE TO	CONTRIBUTING TO DEATH BI	Cerotic Ce	V. Assession of	
	YING 206. DES OF DEATH EXAMINER)	CRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Po	art I or Part It of item 18.)	
Y 20c. TIME OF INJURY Month, Hour a. n. p. m.	Day, Year 20d. II While of wor	Not while	PLACE OF INJURY (Home, form, actory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify than attended alive on Williams	1 (Ca	59, and that deal	M.D. Mury	DDRESS (proct, city or tow	and on the date stated above.
220. BURIAL, CREMATION, 226. I	R. Cadle	22c. NAME OF CEMETERY		22d. LOCATION (City, town	n. or county) [Stole)
23. FUNERAL DIRECTOR'S SIGNAT	1 1	Mt Tabor ADDRESS hmmitsburg,	Ma	0 - 100	ge, FrederickCo. GISTRAR'S SIGNATURE

	HT OF HEALTH- BALTIMORE, 18	TRYLAMO STATE DEPARTME	
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roge	director, filed with	

TO HOSPITAL C TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs and death, may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached for use as the buriol-transit permit. Then please remove carban pagers. Pages 1 and 2 should be fither registror prior to buriol, cremation, ar remavol, and in any event within 72 hours ofter death.

VS A15 (4) ISM 9/58

						Keg. Dis	T. INO.	
1. PLACE OF DEATH a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (WH		ed. If instituti b. COUNTY	_	derick	
b. CITY OR TOWN RURAL and give a Brunswi		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF of 35 Brunswic		limits, write R	URAL and g	give nearest taw	n)
d. NAME OF HOSP OR INSTITUTION	17AL (If not in hospitol, give street 109 East "A"	t address)	d. STREET ADDRESS			100	ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Edward	Adam Ko	last egel	4. DATE OF DEATH	8 Mar	7	Day	Year 1959
S. SEX Male	6. COLOR OF RACE 7. MAR	RIED NEVER MARRIED	3-27-1890	9. /	AGE (In years last birthday) yrs.	Manths	Days Haurs	ER 24 HRS. Min.
during mast of wa	ION (Give kind af wark dane 10b rking life, even if retired)	kind of Business or Industrial Md.R.	R. Marylan	nd	try)		J.S.A.	COUNTRY?
13. FATHER'S NAME	Hiram Koegel		14. MOTHER'S MAIDEN N		nia Ru	chla:	in	
TS. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16		NFORMANT	3001	bbA		444	
(Yes, no, or unknown)	(If yes, give war or dates of service)	705-10-6094 N	irs.Maude Ke	begel,F	Brunsw	ick,	Md.	
20g. ACCIDENT W	immediate DUE TO (c) (c)	CONTRIBUTING TO DEATH BUT				VEN IN PART	PERF	AUTOPSY ORMED?
ZOc. TIME OF INJU Haur a. m. p. m.	While		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc		tawn)	, (0	Caunty)	(State)
21. I certify to alive an ATUAL SIGNATURE PHYSICIAN'S NAME (Type)	SK	59, and that death	accurred at 10:2	ADDRESS (Street	e causes ar t, city ar town, L Ave.	nd an the	date state	
22g. BURIAL, CREMATI REMOVAL (Specify Burial		22c. NAME OF CEMETERY OF Park Heigh		22d. LOCATION	swick,	Mary.		ate)
23. FUNERAL DIRECTO		ADDRESS	24a. REC	D BY REGISTRAF	DAL DECI	STRAR'S SIG		

Stre impired . a. S. h. avoided earl contain the - It was ward los of the term of the Electronic Constitution End Dietal a climated militar far fars (particulate in fact.

death. Page 4 may be retained to the haspital or attending physician. 2 FUNERAL DIS TOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death. may be retain TO FUNERAL DI

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9123

09075

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Prince Testaes
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 29 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant (6x-2)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION VICTOR CULLEN State Hospital	d. STREET ADDRESS 316 Carmody Hills Drive ON A FARM? YES NO 10
3. NAME OF DECEASED (Type or print) Hester V,	Kravitsky DEATH & Day Yeor B 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 2-4-1907 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House un keep of the property of	Maryland U.S.A.
13. FATHER'S NAME Alexander Windson	14. MOTHER'S MAIDEN NAME Mary Eurily
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Hospital record Address
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Tuberculosis - 002 INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last. DUE TO DUE TO (b) DUE TO (c)	3 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIBUTING TO DEATH BUT OF CAUSE OF DEATH 20g. ACCIDENT WAS UNDERLYING TO DEACH BUT OF COURRED TO THE CONTRIBUTING TO CAUSE OF DEATH 20g. ACCIDENT WAS UNDERLYING TO DEACH BUT OF COURRED TO THE CONTRIBUTION TO THE COURT OF COURSE OF THE COURT OF COURT OF COURSE OF THE COURT OF COURT OF COURSE OF THE COURT OF COURT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES \(\sigma \) NO \(\sigma \)
	ED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. P While Not while of work of or work 19	CACE OF INJURY Home, form, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)
21. I certify that I attended the deceased from 7/2-1 alive an 8/19 19-59, and that deat ACTUAL SIGNATURE 11- DAVAL.	h accurred at 3:05 fm, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED M.D. Quillen Mary (and
PHYSICIAN'S Thomas F. Vestal : M.	D
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 8-24-59 Arlington 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	OR CREMATORY 22d. LOCATION (City, town, or county) Nat'l Cem. Arlington, Virginia 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
M & Owage + Son Thurst	DATE AUG 21 '59 Calling & House

Mount Olivet Cemetery

DATE

REMOXAL (Specify)

VS A15 (4)

069264XVI

23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH

. IS RESIDENCE

Day

Hours

Days

ON A FARM?

YES NO F

Year

195

PERFORMED? YES NO

(State)

(County)

DATE SIGNED 14 Aug 1959

(State)

22d. LOCATION (City, town, or county)

Frederick, Maryland 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Orthur S. Thous Title of the second Charles of the second C SHYLLY STREET, T. C. TIE. ALLEGE STATE Bridge State of the State of th

Reg. Dist. No.

	o. COUNTY	derick		MARY	AND	2. USUAL RESIDENCE (WHO . STATE	nere deceased live	b. COUNTY	: Residence be	fore admission	on)
-		outside corporate limi	s write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o	-	ary1	and.	V	
	RURAL and give ne	orest town)	13, 111110				01. 00		- 0	11.	,
	Cullen	AL (If not in haspital, a		107 day	S	Baltimore	e 24, M	arylar	id 3	VO1.4	
7	OR INSTITUTION					d. STREET ADDRESS				e. IS RESID	
V	ictor Cu	llen Stat	te L	ospital		3818 East	Bank			YES 🗌	NO 🔀
3.	NAME OF DECEASED (Type or print)	oward]	i C.	Middle	K	Lost JHN	4. DATE OF DEATH	Month ugust	9	Day Ye	eor
5.	SEX	6. COLOR OR RACE	7. MAR	RIED A NEVER MARRIE	D B.	DATE OF BIRTH	9. A	GE (In years	FUNDER 1 YEA		
	Male	White	WIDOW	ED DIVORCED		11- 16- 10	009 49	st birthdoy) yrs.	Manths Days	Hours	Min.
100	. USUAL OCCUPATION	N (Give kind of work	lone 10b.	KIND OF BUSINESS OF	NDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY
	Manager	ing life, even if retired		unk Yard		Baltimor	2.6				
13.	FATHER'S NAME		10	uith Latu		14. MOTHER'S MAIDEN N		yland	1 0.5	.A.	
	Honner A	Track as									
15		Kuhn	CES2 114	SOCIAL SECURITY NO.	17 IN	Frances	Schroe	der			
Ye	es, no, or unknown)	If yes, give wor or dates of s	rvice)			LENGTH LEN		Addres			
	No		12	13 01 047	(D]	Patient					
				ne for (o), (b), ond (c).]					IN	NSET AND	WEEN
	PART I. DEA	IMMEDIATE CAUSE (o	rar	Advanced	Bi.	Lateral Pul	mona r	v Tube	rculo		Yr
	002X	DUE TO					W				
	Conditions, if or	y, which) (b									
	gove rise to in	nmediote (Hereitsen				0.58			
	lying couse lost.	ne under-							140		
Z	PART II. OTH			CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERMI	NAI DISEASE COL	VIDITION GIVE	I IN PART 1(a)	10 WAS AL	LITOPSY
ATIC	DISCUSSION.						TAL DISLAGE CO.	TOTOON ON E	THTTAKT I(U)	PERFOR	MED?
CERTIFICATION	20a. ACCIDENT WA	S LINDERLYING []	20h DES	CRIRE HOW INJURY OF	CHOOSE	(Enter nature of injury in f	had I as Bad II at	't 10.1		YES 🗌	NO 🔯
ERT	OR CONTRIBUTING	CAUSE OF DEATH	200. UE3	CKIBE HOW INJURY OC	CURRED.	(Enter nature of injury in t	on for ron il of	item IB.)			
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Day, Yea	r 20d. II While	NJURY OCCURRED Not white	20e. PLAC facto	E OF INJURY (Hame, form ory, street, office bldg., etc.	, 20f. (City or to	wn)	(County	y)	(State)
ME	p. m.	19	of wor	k ot work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	21. I certify the	at I attended the	decens	ed from April	24	1959 to AU	lg. 9	1059	that I last :	enu the c	
	alive an Aug	. 8	_ 195		danah .	accurred at +: 15					
	dive dil	<u> </u>	7	,, and indi	dedin (ADDRESS (Street,	causes an	d on the di		d abave
	ACTUAL	16/	1/	-1			COLLEGE (Street,	iny or lown, ste	ore)		4
	SIGNATURE	1.5.11	14/ 6	10.	M	o Cullen, M	id.		Aug	9,19	59
	PHYSICIAN'S	T T T	4-7	M D		0.77					
	NAME (Type)	r. F. Ves		M. D.		Cullen,	Md				
22c	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEME	TERY OR	CREMATORY	22d. LOCATION	(City, lown, or	county)	(Stote)	
	Burial	8-12-59	-	Schwarts	z Ce	metery	Balt	imore,	Maryla	ind	
23.	FUNERAL DIRECTOR	SIGNATURE		ADDRESS			BY REGISTRAR	-	RAR'S SIGNATI		
	moran I	uneral Ho	my	3000 €.	DA	TIO ST DATE A	UG 11 '59	On	Thung S. Hu	iare	
	100	~ } a G	aln	n 134	110	EK, Md					
	U	0,	-								

D FUNERAL DICTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. death. Page 4 TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OF may be retain TO FUNERAL DI VS A15 (4) 1SM 10/57

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and the second					
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M. C. Trick		e			
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9094 CERTIFICATE OF DEATH

09078

				Reg. Dist. No.	
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (WI	here deceased lived. If inst	titutian: Residence before adm	nission)
1-redemick	MARYLAND	Mary		Freder, - 11	!<
 CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside carporate limits, wr	ite RURAL and give nearest to	own)
Frederick	774-	X Frede	YIK RI	= 02	
d. NAME OF HOSPITAL (If not in hospital, give stre- OR INSTITUTION	et address)	d. STREET ADDRESS		e. IS I	RESIDENCE NA FARM?
Fredhick Menori	al Hojp	Araby		YES	□ NO 🗵
3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Manth Day	Year
(Type or print)		Lenhart	DEATH /	usuit 7	1959
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye		
WIDO:	WED DIVORCED	18 April 3		yrs. Manths Days Hou	rs Min.
10o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign cauntry)	12. CITIZEN OF WH	AT COUNTRY
Infant	At Home	NICH	" land	· Chi.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Thomas Achen h	art	Loui	se D.	Rice	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no. or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address R.	D.22
(Yes, no, or unknown) (If yes, give war or dates of service)	None	Thomas Len	hart f	- redentk.	had .
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	1		INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Brain	tumor		ONSET AN	AN DEATH
237X DUE TO		RANGE BY AND THE			177
Canditions, if any, which) (b)					
gove rise to immediate		8-1			
lying couse last.					
	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WA	S AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Ulf ETTHER, NOTIFY MEDICAL EXAMINER					FORMED?
20a. ACCIDENT WAS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I or Part II of item 18.		
20c. TIME OF INJURY Month, Day, Year 20d Whi p. m. 19 at w	. INJURY OCCURRED 20e. PI	LACE OF INJURY (Hame, farm	n, 20f. (City ar tawn)	(Caunty)	(State)
Hour a.m. 19 Whi	le Nat while for	actory, street, affice bldg., etc	-)		
	1110	1 , 19 57, to	7 12 10	~6 .t . 1.1t	ar Language
21. I certify that I attended the dece	-	23		55., that I last saw th	
alive an 6 19	, and that death	accurred at 2	ADDRESS (Street, city or to	es and an the date sta	DATE SIGNED
ACTUAL B- Nov	melly	Medice	-	and 1	7 44
SIGNATURE	7	M.D.	and I	w. mg-	1
PHYSICIAN'S NAME (Type) Albert M. Powel	1,M.D.			musique e	
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, to	wn, or county) (S	tale)
Burial (Specify) Aug.10,1959	Mount Olivet		Frederick,	Maryl	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 24b. R	REGISTRAR'S SIGNATURE	
M. R. Etchison & Son, F	rederick, Maryl	and DATE	AUG 1 0 '59	arthur S. Kines	

4 3 3 1 C THE ENGLISHED LAND isla Prade () and the transfer of the later interest inframet con trendition as a MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE Maryland b. COUNTY Frederick					
o. COUNTY	Mandand ale	MARYLAND						
	Frederick							
RURAL and give	(If autside corporate limits, write nearest tawn) rederick	c. LENGTH OF STAY IN 16		utside carporate limits, write RI — Frederick	URAL and give nearest town)			
d. NAME OF HOSP	ITAL (If not in haspital, give stre		d. STREET ADDRESS		e. IS RESIDENCE			
OK INSTITUTION	Route 3		Ro	ute 3	YES NO NO			
NAME OF DECEASED (Type or print)	Georgia	Middle Mo	Queen	4. DATE Moni				
Female	200 1 1	WIND AND WARRING AND THE STATE OF THE STATE	8. DATE OF SIRTH Feb. 22-187	lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.			
during most of wo	ION (Give kind of work done 10 orking life, even if retired) d Housewife	06. KIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (Stole of West Vir		12. CITIZEN OF WHAT COUNTR			
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME				
Freema	n Doak		Margar	et Burnside				
Yes, no, or unknownj	/ER IN U. S. ARMED FORCES?	None Mr	nformant	ilson-Rt.3- Fr	ederick-Md.(siste			
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Brouchop	neumonia		ONSET AND DEATH			
Conditions, if		Cerebala	iting the	om bosis	7 years			
cosse (o), stating lying cause last	g the under- DUE TO	Several gret	Cartero 2	eleanin	brussu			
PART II. O'	THER SIGNIFICANT CONDITION	AS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED?			
					12 140			
OR CONTRIBUTION	AS UNDERLYING 20b. D G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II of item 18.)	138 108			
OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Year 20d Wh	I. INJURY OCCURRED 20e. PL	D. (Enter nature of injury in P ACE OF INJURY (Hame, form, ctory, street, affice bldg., etc.)	20f. (City or town)				
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU Hour o. m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Year 20d Wh	J. INJURY OCCURRED 20e. PL ile Not while for work at wark	ACE OF INJURY (Hame, form,	20f. (City or town)	(County) (State			
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU Hour o. m. p. m.	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Year 20d Wh al v	J. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctory, street, affice bldg., etc., 19 59, ta., a accurred at 2346	20f. (City or town) S. J. G	(County) (State			
OR CONTRIBUTING (IF EITHER, NOTIFE CO. TIME OF INJUMENT OF INJUMEN	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Year 20d Wh al v	J. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, clory, street, affice bldg., etc., 19 59, to accurred at 2346	20f. (City or town) 20f. (City or town) 19,57 M. fram the causes a ADDRESS (Street, city or town,	(County) (State			
OR CONTRIBUTING IF EITHER, NOTIFE 20c. TIME OF INJUING No. m. p. m. 21. I certify t	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Year 20d Wh al v	J. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, clory, street, affice bldg., etc., 19 59, to accurred at 2346	20f. (City or town) S. J. G	(County) (State			
20c. TIME OF INJUMENT OF INJUM	G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Year 20d Wh al v	i. INJURY OCCURRED iile Not while for work of work of work of work of the wor	ACE OF INJURY (Home, form, clory, street, affice bldg., etc., 19 59, to accurred at 2346) M.D. Profes	20f. (City or town) 20f. (City or town) 19,57 M. fram the causes a ADDRESS (Street, city or town,	(County) (State) _,that I last saw the decease and an the date stated above			
20c. TIME OF INJU- Hour o. m. 21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Year 200 What I attended the dece	i. INJURY OCCURRED iile Not while for work of work of work of work of the wor	ACE OF INJURY (Home, form, clory, street, affice bldg., etc., 19 59, to	20f. (City or town) AM, from the causes a ADDRESS (Street, city or town, sional Bldg.	(County) (State)			

er death. Page 4 funeral director,

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9095

CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RAL d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? FDERIC MENDRIA YES NO I NAME OF First Middle DATE Month Day Year DECEASED (Type or print) DEATH 195 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years lost birthday) Manths Days Haurs WIDOWED | DIVORCED | OYES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ZWKS IMMEDIATE CAUSE (o) 420.0 DUE TO Conditions, if any, which gave rise to immediate DUE TO catse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Hour O. ID. While Not while at wark at work 2, that I last saw the deceased 21. I certify that I ottended the deceased from LU and that death occurred of 1054M, from the couses and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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ofter death: Page 4

y be retained by the haspital or attending physician.

JNERAL DESCTOR: After this certificate has been signed by the ottending physician and completely filled in the funeral director, as 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR	moy be retai	TO FUNERAL DIE	page 3 should be	the registron Drie
1	5 ×	A15	55)

								Reg. Di	st. No.	
1. PLACE OF DE	ATH			2	USUAL RESIDENCE (W	here deceased		on: Residen	ce before	admission)
	lerick		MARY	LAND	o. STATE Marvl	and	b. COUNTY	eder	rio le	
b. CITY OR TO	DWN (If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF					st town)
aprol,	give nearest town)		Trooma	2	/=_			3000	1	
Brunsw	HOSPITAL (If not in hospital,	mina street	years		DETUNSWIC	K				IS RESIDENCE
OR INSTITU	JTION	give sileer	acaress		d. SIREET ADDRESS					ON A FARM?
3. NAME OF DECEASED		rst	Middle		Last	4. DATE OF	Mont	th	Day	Yeor
(Type or print	- Fillings	,	V .		Moler	DEATH	8		12	19 50
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D B. I	DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months		UNDER 24 FIRE
female	white	WIDOW	ED DIVORCE		3/13/1873		86 yrs.		boys .	Min.
Oo. USUAL OCC during mast	UPATION (Give kind of work of working life, even if retire	done 10b.	KIND OF BUSINESS O	R INDUSTR	11. BIRTHPLACE (State	or foreign co	ountry)	12. CIT	IZEN OF	WHAT COUNT
	ewife		own home		Maryland				U.	S
13. FATHER'S NA					14. MOTHER'S MAIDEN I	NAME				
Jame:	Gordon				Nancy	7				
5. WAS DECEAS	EDEVER IN U. S. ARMED FO		SOCIAL SECURITY NO	. 17, 1NFC	RMANT		Addr	015		- 5
no	(it yes, give wor or ourse or	(arvice)	none	Mrs	. Earl Go	rdon.	Brunsw	rick	Md.	
	OF DEATH [Enter only one of	ouse per li								AL BETWEEN
	I. DEATH WAS CAUSED BY:	//	2 /		- 0- 1		40		ONSE	AND DEATH
	IMMEDIATE CAUSE (750	elen	THE	1		1	
450.	O DUE TO	0							16	
	s, if ony, which)	b)								
	to immediate DUE To									
lying cous	1-1	c)								
PART	II. OTHER SIGNIFICANT COL		CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TERM	INAL DISEASI	CONDITION GIV	EN IN PAR	T 1(a) 19.	WAS AUTOPSY
PART PART		100								PERFORMED?
	NT WAS UNDERLYING	20h DES	COIRE HOW INTURY O	CCUPPED /	Enter nature of injury in	Port Lor Port	II of item 18.1			DI NO
OR CONTRI	BUTING CAUSE OF DEATH	200. 023	CRIBE HOW INJURY O	CCORRED. (enier nature at injury in	ron i oi ron	n or nem ro.,			
	INJURY Month, Doy, Y	ear 20d I	NJURY OCCURRED	20e. PLACE	OF INJURY (Home, farm	n. 20f. (City	or town)	10	County)	(State
20c. TIME OI	o. m.	While	_ Not while	factor	y, street, office bldg., etc	c.)	or town,	,	Coomy	faidle
ž	p. m. 19	of wo	rk ot work				and the same			
21. I cert	ify that I attended the	deceas	sed from	HL	1950 ta C	244	12 196	that I	last saw	the deceas
alive on	aug 8	136	and that	death a	corred at 179	M Tran	n the causes a			
anto on				dedili	Solited disasting	ADDRESS (SI	reet, city or town,	stote)	The dule	DATE SIGN
ACTUAL	1			200	Been	111	alle de		1	8/17
SIGNATURE	7			M.C			u.c.a.	4-4-		41-4
PHYSICIAN'		F. 8	Smith	10 E	Brun	swick		Md		
20. BURIAL, CR	MATION, 226. DATE THERE	OF	22c. NAME OF CEM	ETERY OR C	REMATORY	22d. LOCAT	TION (City, town, o	r county)		(Stote)
huria huria	Specify) 8/71/70	50	Dianas	a+ 172	ew Cemete				312	
	ECTOR'S SIGNATURE	777	ADDRESS	IL VI		D BY REGIST	Middlet RAR 24b. REGIS		SNATURE	
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	CERTIFICATE OF DEATH	3110
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CERTIFICATE OF DEATH

09083

		CLI		TIE OF DEA	~!!!!		Reg. Dist. I	No.		
1. PLACE OF DEATH O. COUNTY Frederic	k	M	ARYLAND	2. USUAL RESIDENCE OF STATE MAY	(Where decease yland	ed lived. If instituti b. COUNTY				
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) FROCETICK			c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick					
d. NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION 201 Linden Avenue				d. STREET ADDRESS 201 Linden Avenue e. IS RESIDENCE ON A FARM YES NOT						
3. NAME OF DECEASED (Type or print)	First ALIC		idle INIA	MULL	4. DATE OF DEATI	Mor	ugust	8, 19 5		
	24-	MARRIED NEVER MA	RRIED T	10 Nov 18	375	9. AGE (In years lag) yrs.	Months Doy	FAR IF UNDER 24 HE ys Hours Min.		
u. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				STRY 11. SIRTHPLACE (Stole or foreign country) 12. Maryland				2. CITIZEN OF WHAT COUNTY		
13. FATHER'S NAME	I. FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
George H. Mull				Martha Getzandanner						
15. WAS DECEASED EVER IN U. S. (Yes. no. or unknown) [If yes, give	ARMED FORCES? war or dates of service			s. James A	lbright	Sr. (Sar		tem #1)		
33/X Conditions, if any, which gove rise to immediate couse (o), stating the under lying couse lost.	DUE TO (b) DUE TO (c)	Cereb		Yfem		,	4	PONSET AND DEATH		
CAT	2000	ONS CONTRIBUTING TO					EN IN PART 1(o	PERFORMED?,		
20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL	E OF DEATH	DESCRIBE HOW INJUR	YOCCURRED	. (Enter nature of inju	ory in Port I or Po	rt 11 of item 18.)				
20c. TIME OF INJURY Month, Hour o. m. p. m.	V V	Od. INJURY OCCURRED While Not while I work ot work	20e. PLA fact	CE OF INJURY (Home lory, street, office bld	e, farm, 20f. (Ci g., etc.)	ly or town)	(Coun	ity) (Stat		
21. I certify that I attended a live an Actual SIGNATURE PHYSICIAN'S NAME (Type) B. O.	Bush Thomas,	1959, and th	nat death	i.D	A M, fro	m the causes of Street, city or town,	and an the o	saw the decea date stated abo DATE SIGN Aug 1959		
DELLOWAL Connibit	ATE THEREOF	Mount 0		CREMATORY Cemetery		ITION (City, town, o		(State)		
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison		Frederick,	Maryl	and DAT	REC'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIGNA	STATE OF THE		

death. Page 4 the hospital or attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by partitionary functor, later than the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours page 3 shauld be detached for use as the burial transit permit. Then please remaye carbon pape the registrar prior to burial, crematian, ar remayal, and in any eyent within 72 hause affer death. TO HOSPITAL OR may be retaine TO FUNERAL DIR

VS A15 (4) 15M 10/57

BI SHOWING THE PLANT OF THE WELL STATE CHARTERS AND : 5 design of the second 3.36 (895) Terrologostag-peasalf (IN COLD BO HOLD) CHARLETTING IN COLD AND SHARE , tal a section . I best **** beautique de la company de

director filed deoth. unerol hould 67 2 OU filled поме attending OR: should poge 0 VS A15 (4) 15M 10/57

HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the case, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funerol place. Page 4 should be it corded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death.

VS AISME 5M 2/57

9097 MEDICAL EXAMINEDIS CERTIFICATION 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09085 Reg. Dist. No.

1	o. COUNTY Fre	ederick	MARYLAND	o. STATE ME	NCE (Where deceo	sed lived. If institu b. COUNT		lerick	
1	b. CITY OR TOWN III Frederick	l'outside corporate fimils, write RURAL ()	c. LENGTH OF STAY IN 16 50 Yrs.		WN (If outside corederick-R	4.4		give nearest	lawn)
7		Memorial Hospi		d. STREET ADD	ress er Freder	ick		0	RESIDENCE ON A FARM?
103	3. NAME OF DECEASED (Type or print)	First JOHN	Middle WILLTAM	O! NEAL	4. DATE OF DEATH	Mont	August	Doy	Year 1959
13	s. sex Male	9573	ARRIED NEVER MARRIED 6.	26 Oct 18	399	9. AGE fin years low birthday! 59 yrs.		YEAR IF UI	NDER 24 HRS.
		na life, even if retired)	b. KIND OF BUSINESS OR INDUST County Chronic Ho		(Stote or foreign of	country)	USA		AT COUNTRY?
	George W.	O'Neal		Julia Pu					
	15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wor or doles of service)		George	F. Hutto	914 Pr	e Ave	2	
	PART I. DEA: 420, 1 Conditions, if o gove rise to immedial, stating the cause tost.	ony, which diole couse underlying DUE TO	Coronary Thrombos		E TERMINAL DISEAS	E CONDITION GIV	/EN IN PART I		AS AUTOPSY FORMED?
		NTRIBUTING [] RY Month, Doy, Year 2 19 hat I taok charge af the resulted from: Nature	Od. INJURY OCCURRED 20e. PLAN factor of work of work at causes X. Accident	ve, held an Au , Suicide M.D. CHIEF MEDI	e, form. 20f. (City g., etc.)	nspection X,	(Count	DA, ((State) and in my
2	EXAMINER'S NAME (Type) 220. BURIAL, CREMATIC	B. O. Thomas,	M. D.	DEPUTY MEI	DICAL EXAMINER			Aug 1	L959
	Burlal (Specify) 3. FUNERAL DIRECTOR M. R. Etc		Lutheran Ceme	240	Midd . REC'D BY REGIST ATELIG 1 7 '5'		larylar STRAR'S SIGN Lung 8, H	IATURE	

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VS. A15ME 5M 2/57

9128 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 09088 Reg. Dist. No.

o. COUNTY FY	ederick	YLAND	o. STATE Mary		ed lived. If instit b. COUN		nce before admi nce Geo	_	
Park Mil	outside corporate limits, write RU	c. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN	(If outside cor			and the same of th	
d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in haspital, give street addre	P15)	Brentwood, Md. /6 X &					
Adamstown	Route 1			3712	Tavl	or St			NO DO
3. NAME OF DECEASED (Type or print)	First Harriett	Middle Norris	Pool	Last	4. DATE OF DEATH	Augus		Doy Y.	or 59-
5. SEX	6. COLOR OR RACE 7.	MARRIEDEN NEVER MARRIE	ED B.	DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR IF UND	ER 24 HRS.
female	white w	DIVORCED DIVORCED	O Pc	t 27, 1881	100	77 yrs.	Months (Days Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work done in life, even if retired)	106. KIND OF BUSINESS OF	INDUSTR	Y 11. BIRTHPLACE (Sto	te ar fareign a	auntry)	12. CITIZ	ZEN OF WHAT	COUNTRY?
	sewife	own home		Washin	eton I	. C.	II S	5 A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
Willia	m Woodbury			Mary Ch	ase				
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE		. 17, fN	FORMANT		Address			
no l		none	Ed	gar Morris	Poole	Brentw	ood, N	larylan	d
18. CAUSE OF DEA		per line far (a), (b), and (c).						INTERVAL BETWE	EN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CORONARY OCCI	JUSIO	N				Minute	
420,	DUE TO								
Conditions, if a									
gave rise to imme									
cause last.	(c)								
PART II, OTH	ter significant conditi	ONS CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. WAS A PERFO YES [NO A
	USE WAS NTRIBUTING [] 20b. E	DESCRIBE HOW INJURY OCCU	IRRED. (En	ter nature of injury in Pa	ort I or Port II	of item 18.)			
20c. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Year	20d. INJURY OCCURRED White Not while of work of the or	20e. PLAC factor	E OF INJURY (Home, for y, street, affice bldg., et	rm, 20f. (City	or fown)	(Cau	nty)	(State)
21. 1 certify the	not I took charge of	the remains describe	d obov	e, held an Autop	sy 🔲, I	spection X	Inquiry	XX and	d in my
opinion deoth	resulted from: Nat	turol couses X, Acci	ident [], Suicide [],	Homicide	, Undete	ermined m	nonner 🔲	
ACTUAL SIGNATURE	50 from	nas		M.D. CHIEF MEDICAL				DATE S	IGNED
EXAMINER'S NAME (Type)	B. O. Thomas	, M. D.		ASSISTANT MEDI DEPUTY MEDICAL		P tour		8/27/59	9
Burial	8/31/59	Ft Lincol				TION (City, lown, r Manor		(State)
23. FUNERAL DIRECTOR		ADDRESS			C'D BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE	
F. Gasch	's Sons Hya	attsville, Md		DARE	P 1 '59	ani	hur & to	raud	

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death. Page 4

NTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

09087

9129 **CERTIFICATE OF DEATH**

Reg. Dist. No.

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUIT COULDED. 16 Days 18 DAYS 18 DAYS TOWN (if outside corporate limits, write RURAL and give nearest town) 16 Days 18 DAYS 18 DAYS TOWN (if outside corporate limits, write RURAL and give nearest town) 18 DAYS 18 DAYS 18 DAYS 19 DAYS 19 DAYS 19 DAYS 19 DECARASED (Type or print) 19 DAYS 19	o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If instill b. COUN	ution: Residence before odmission) Altimore City
CHILLEN CONTROL (If not in bospitol, give street address) Victor Cullen State Hosp. 3. NAME OF COLOR OF NACE 1. MARRIED NOT A FAME OF COLOR OF PART 1959 5. SEX 6. COLOR OF NACE 7. MARRIED NEVER MARRIED NOT A FAME OF PART 1959 5. SEX 6. COLOR OF NACE 7. MARRIED NEVER MARRIED NOT A FAME OF PART 1959 5. SEX 6. COLOR OF NACE 7. MARRIED NEVER MARRIED NOT A FAME OF PART 1959 6. COLOR OF NACE 7. MARRIED NEVER MARRIED NOT A FAME OF PART 1959 6. COLOR OF NACE 7. MARRIED NEVER MARRIED NOT A FAME OF PART 1959 7. ACE (In year) FUNDER THAN IF UNDER 27 HES. Nonthis 1950 8. DATE OF BIRTH 9. ACE (In year) FUNDER THAN IF UNDER 27 HES. Nonthis 1950 9. ACE (In year) FUNDER THAN IF UNDER 27 HES. Nonthis 1950 9. ACE (In year) FUNDER THAN IF UNDER 27 HES. Nonthis 1950 9. ACE (In year) FUNDER THAN IF UNDER 27 HES. Nonthis 1950 9. ACE (In year) FUNDER THAN IF UNDER 27 HES. Nonthis 1950 9. ACE (In year) FUNDER THAN IF UNDER 27 HES. Nonthis 1950 9. ACE (In year) FUNDER THAN IF UNDER 27 HES. Nonthis 1950 9. ACE (In year) FUNDER THAN IF UNDER 27 HES. Nonthis 1950 9. ACE (In year) FUNDER THAN IF UNDER 27 HES. Nonthis 1950 10. ACE (In year) FUNDER 15 HOW IN IT HANDAWAY NO. 17. INFORMANT Address 10. ACE (In year) FUNDER 15 HOW IN IT HANDAWAY Address 10. ACE (In year) FUNDER 15 HOW IN IT HANDAWAY Address 10. ACE (In year) FUNDER 15 HOW IN IT HANDAWAY ADDRESS 10. ACE (In year) FUNDER 15 HOW IN IT HANDAWAY ADDRESS 10. ACE (In year) FUNDER 15 HOW IN IT HANDAWAY ADDRESS 10. ACE (In year) FUNDER 15 HOW IN IT HANDAWAY ADDRESS 10. ACE (In year) FUNDER 15 HOW IN IT HANDAWAY ADDRESS 10. CONTRIBUTION CAUSE OF OF CATAL 19 ADDRESS 10. ACE (In year) FUNDER 15 HOW IN IT HANDAWAY ADDRESS 10. ACE (In year) FUNDER 15 HOW IN IT HANDAWAY ADDRESS 10. ACE (IN YEAR) FUNDER 15 HOW IN IT HANDAWAY ADDRESS 10. ACE (IN YE	b. CITY OR TO	OWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16			
d. STREET ADDRESS OR INSTITUTION OR INSTITUT			7.6 Dozen	1344 Weld	on Avenue	21/0/ /
ON INSTITUTION VICTOR Cullen State Hosp. 13 MANE OF OTICINATO DICTARD OTICINATO OTICI	d. NAME OF	HOSPITAL (If not in hospital, give street			II, Mary La	
S. MARK OF ORCEASED (Type or print) William Emory REDDING B. DATE ORCEASED (Type or print) William Emory REDDING B. DATE OF BIRTH Day Year 1959	OR INSTITU	TION			on Assente	ON A FARM?
Decay Deca						
S. SEX A. COLOR OR BACE 7. MARRIED NEVER MARRIED NEVE	DECEASED			Last	OF	
Maje White Widowed October 1867					nug u	
Divorced Div	1			B. DATE OF BIRTH	9. AGE (In year last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS.
Maryland U.S.A.	The state of the s	***************************************	(4)	October 4.	1867 91 7	
Maryland U. S. A.	10a. USUAL OCC	UPATION (Give kind of work done 10b. of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY
William Redding 13. WAS DECASEDEVER IN U. S. ARMED FORCES? 14. MOTHER'S MAIDEN NAME Elma Eliza beth Bumber 15. WAS DECASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED? 19. COUNTINGUING CAUSE OF DEATH County County	A/A		Shipping	Ma rvla	nd.	U. S. A.
15. WAS DECRASEDEVER IN U. S. ARMÉD FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH 18. CAUS	13. FATHER'S NA	AE .		14. MOTHER'S MAIDEN	NAME	
15. WAS DECRASEDEVER IN U. S. ARMÉD FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH 18. CAUS	Willia	m Redding		Elma Eli	za heth Bur	nher
No. Place of Death [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. Far Advanced Pulmonary Tuberculosis DOETH 1 Yr.?? DUE TO Conditions, if any, which gave rise to immediate couse (a), telling the under lying couse last. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 20. ACCIDENT WAS UNDERVIND COURSED OR CONTRIBUTION OF CONTRIBUTION	15. WAS DECEAS	EDEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I			
18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c).			16-16-1702	Inond Dough	ton	
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Far Advanced Pulmonary Tuberculosis DUE TO Conditions, if any, which gove rise to immediate couse (a), staling the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 22 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200. TIME OF INJURY Month, Day, Year lower of work 19 of work 1				Tranto Daugi	rer	INITEDVAL PETWEEN
DUE TO Conditions, if ony, which gove rise to immediate couse (a), staling the under lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 12 200. ACCIDENT WAS UNDERSTING OR CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 12 200. ACCIDENT WAS UNDERSTING OR CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 12 200. ACCIDENT WAS UNDERSTING OR CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 12 200. ACCIDENT WAS UNDERSTING OR CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 12 200. ACCIDENT WAS UNDERSTING OR CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES ON 12 200. ACCIDENT WAS UNDERSTING OR CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES ON 12 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES ON 12 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES ON 12 200. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or		I DESTILLING CALLES DA		all many a man Man	h	ONSET AND DEATH
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Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 22 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 201. CENTANT II of item 18.) 202. (City or town) (County) (City or town) (County) (City or town, store) (County) (City or town, store) (County) (City or town	couse (a), s	tating the under- DUE TO				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of the deceased form. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) 21. I certify that I attended the deceased from 7/29, and that death accurred at 5:30 PM, from the causes and on the date stated above ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE		/ (4)				
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21. I certify that I attended the deceased from 7/29 19.59, to 8/14 19.59, that I last saw the decease alive an 8/14/59 19 and that death accurred at 5:30 PM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE M.D. Cullen, Md. 8/14/19.59 PHYSICIAN'S NAME (Type) T. F. Vestal, M.D. 220. BURIAL, CREMATION, 12b. DATE THEREOF REMOVAL (Specify) Burial Ridge Cem. Pikesville Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1240. REGISTRAR 24b. REGISTRAR'S SIGNATURE		OTIFY MEDICAL EXAMINER)				
21. I certify that I attended the deceased from 7/29 19.59, to 8/14 19.59, that I last saw the decease alive an 8/14/59 19 and that death accurred at 5:30 PM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE M.D. Cullen, Md. 8/14/19.59 PHYSICIAN'S NAME (Type) T. F. Vestal, M.D. 220. BURIAL, CREMATION, 12b. DATE THEREOF REMOVAL (Specify) Burial Ridge Cem. Pikesville Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1240. REGISTRAR 24b. REGISTRAR'S SIGNATURE	3 20c. TIME OF			ACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (State)
21. I certify that I attended the deceased from 7/29 19.59, to 8/14 19.59, that I last saw the decease alive an 8/14/59 19 and that death accurred at 5:30 PM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE M.D. Cullen, Md. 8/14/19.59 PHYSICIAN'S NAME (Type) T. F. Vestal, M.D. 220. BURIAL, CREMATION, 12b. DATE THEREOF REMOVAL (Specify) Burial Ridge Cem. Pikesville Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1240. REGISTRAR 24b. REGISTRAR'S SIGNATURE	Hour		1401 WILLE	ctory, street, office bldg., etc	•)	
alive an 8/14/59, and that death accurred at 5:30PM, from the causes and on the date stated above ADDRESS (Street, city ar town, state) ACTUAL SIGNATURE / 1/2 / 1/		·		10 50 . 8	/7/4 20/	<u> </u>
ACTUAL SIGNATURE // / / / / / / / / / / / / / / / / /						
ACTUAL SIGNATURE /, F. Vestal, M. D. PHYSICIAN'S NAME (Type) T. F. Vestal, M. D. 220. BURIAL, CREMATION, REMOVAL (Specify) Burial 8-17-59 22c. NAME OF CEMETERY OR CREMATORY Pikesville Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 22d. DOCATION (City, town, or county) (Stote) Maryland	alive an_	9/	and that death			
PHYSICIAN'S NAME (Type) T. F. Vestal M. D. 20. BURIAL, CREMATION, REMOVAL (Specify) Burial 8-17-59 Druid Ridge Cem. 22d. LOCATION (City, town, or county) (Stote) Pikesville Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 1240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	ACTUAL	- Jowal				
NAME (Type) T. F. Vestal, M. D. 220. BURIAL, CREMATION, REMOVAL (Specify) 8-17-59 Druid Ridge Cem. 22d. LOCATION (City, town, or county) (Stole) Pikesville Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 22d. LOCATION (City, town, or county) Maryland 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	SIGNATURE_	1. F. IXAMIL.		M.D. Cullen,	Md.	8/14/1959
Pikesville Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS AD	PHYSICIAN'S NAME (Type	T. F. Vestal	M. D.			
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	220. BURIAL, CRE	MATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town	n, ar county) (State)
ALL OF RECISION STOCKED	Buria	8-17-59	Druid Ridge	e Cem.	Pikesville	
M. L. Gre age x Jan Thursman Mo DATEAUG 1 9 '59 Colling 8 to	23. FUNERAL DIRI	CTOR'S SIGNATURE	ADDRESS	/24a. REC'	D BY REGISTRAR 24b. RE	GISTRAR'S SIGNATURE
	M. L.	Greager room	c Thurmon	A MIS DATEAU	G 1 9 '59 C	Wilnes & Kroup

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be a may be retained the hospital or altending physician.

TO FUNERAL DICTOR: After this certificate has been signed by the attending physician an page 3 should be detached far use as the burial-transit permit. Then please remove carba the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after the registrar prior to the contract the contr VS A15 (4) 15M 10/57

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VS A15 (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9130

CERTIFICATE OF DEATH

09088

					Keg. Di	st. No.
PLACE OF DEATH COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mar		COLUNITY	nce before admission) ederick
RURAL and give no	If autside corporate limits, earest town) of Rocks	write c. LENGTH OF STAY IN 16		f autside corporate lim		give nearest town)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If nat in haspital, give	street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JOHN	Middle RAYHU	REDMOND	4. DATE OF DEATH	Month August	Day Year 16, 1959
s. sex Make	inne a s	MARRIED NEVER MARRIED I	B. DATE OF BIRTH July 11, 188	. lost	(In years IF UNDER birthdoy) Months yrs.	2 1 YEAR IF UNDER 24 HRS. Days Hours Min.
during most of work Watchman	ON (Give kind of work dan king life, even if retired)	Lime Company	STRY 11. BIRTHPLACE (Sto Maryla			IZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
	seph C. Redmo		1	eva A. Pryc	or	
	R IN U. S. ARMED FORCES (If yes, give wor or dates of service NO		r. Verner A.	Redmond-Sa	Address ame as Iter	m #2
Conditions, if a gove rise to i cause (a), stoting lying couse lost.	mmediate the under- DUE TO (c)	EAR SIMAL	consisting	TIC DEMOS	duene	2.981
CATIC	Also de si	ONS CONTRIBUTING TO DEATH BU				PERFORMED? YES NO
	AS UNDERLYING [] 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Part I or Port II or I	rem ro.)	
20c. TIME OF INJUR Hour o. m. p. m.	10		ACE OF INJURY (Home, fo actory, street, office bldg., e		(n) (County) (State)
21. I certify the alive anACTUAL SIGNATURE	nat I attended the de			& -/6- M, from the c ADDRESS (Street, ci rille Road	auses and an th	ast saw the deceased e date stated abave DATE SIGNED 8/18/59
PHYSICIAN'S NAME (Type) C				, Maryland		
220. BURIAL, CREMATIC REMOVAL (Specify)	Aug . 20m19	St. Paul's C			f Rocks,	Maryland (Stote)
23. FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR	24b. REGISTRAR'S SI	GNATURE
M. R. Etch:	ison & Son. 1	Frederisk. Maryla	nd DATE A	11G 2 0 '59	arthur 8	Hanna

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	THE STATE OF SELECTION AND SELECTION ASSESSMENT		Shorten . Or the	
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CERTIFICATE OF DEATH Reg. Dist. No. I directar, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY + REDERICK b. COUNTY MARYLAND FREDERICK MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) THURMONT -REDERICK d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? MEMORIAL REPERICK YES NO and 2 NAME OF Middle DATE Last Month Day Year DECEASED OF DEATH MAURICE (Type or print) 195 KEER 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days 30 WIDOWED | DIVORCED | 56 yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR HIDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: days IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove rise to immediate peri DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) foctory, street, affice bldg., etc.) Hour & a. m. While Not while 7 p. m. at wark of work 21. I certify that I attended the deceased fram, P.M. fram the causes and on the date stated above. and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL priar should 20 PHYSICIAN'S NAME (Type) TO FUNER 22b. DATE THEREOF 220. BURIAL, CREMATION. 22d_AOCATION (City, town, or county) 22c. NAME OF CEMEJERY OR CREMATORY (Stote) REMOVAL (Specify) 23. FÜNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATEAUG Orthun S. Krous VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		Marie D. Marie Barrelle	

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09090

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No.

1. PLACE OF DEATH				T	O HELLAL DESIDENCE	- 11.44	4.11 1 12 1 15 15			
o. COUNTY	rederick		MAR	YLAND	2. USUAL RESIDENC o. STATE Ma	eryland	b. COUNTY		deric	
b. CITY OR TOWN RURAL ond give Frederic		ts, write	7 Hours	'IN 1b			orote limits, write R -Rural-R.			own)
OR INSTITUTION	ok Memorial				d. STREET ADDRE	rederic	k			RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir VA	JDA	FRANC		Lost REEDEF	4. DATE OF DEATH	Mor Augus		Doy	Year 19 59
S. SEX Female	6. COLOR OR RACE	7. MARR			DATE OF BIRTH	, 1892	9. AGE (In years lest birthdoy) 9. Yrs.		YEAR IF UN	NDER 24 HRS.
10a. USUAL OCCUPAT during most of wo Housewo	tON (Give kind of work rking life, even if retired	done 10b.	At Home			Stote or foreign or aryland	country)		ISA	T COUNTRY?
13. FATHER'S NAME Geo	orge C. Shar	fer		31 "	14. MOTHER'S MAIL	DEN NAME	homas			
15. WAS DECEASED EV Yes, no, or unknown) No	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO		Joseph L	Reeder	Same as		2	
		, C	te for (o), (b), and (c)	1	fenson	shipe			INTERVAL ONSET Y 122	BETWEEN ND DEATH
lying couse lost	the under- DUE TO)	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	/EN IN PART	PER	AS AUTOPSY FORMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	CCURRED.	(Enter noture of injur	ry in Port I or Po	rt II of item 18.)			
20c. TIME OF INJU Hour o.m. p. m.	RY Month, Doy, Yes	While	NJURY OCCURRED Not while of work	20e. PLAC focto	E OF INJURY (Home, ry, street, office bldg	, form, 20f. (Cit ., etc.)	y or town)	(Co	unty)	(Stote)
ACTUAL SIGNATURE	hat I attended the series of t	19.6	29, and that	death o		15AM, fram	the causes and treet, city or town, uilding		date stat	deceased ed abave ATE SIGNED 31/59
220. BURIAL, CREMATION REMOVAL (Specify Burial			22c. NAME OF CEM Mount Oli				TION (City, town,	or county)	Maryl	tote) and
23. FUNERAL DIRECTOR M. R. Etch	ison & Son,	Fred	ADDRESS erick, Mar	yland		SEP 2	EO	STRAR'S SIGN		

funeral director, filled in by the funges I and 2 should campletely physician and attending Then please may be retain. By the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. any and in remayal, registrar priar to burial, VS A1S (4)

death. Page 4

requires that the death certificate be executed within 24 haur

TO HOSPITAL

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TO HOSPITAL OF

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9131

CERTIFICATE OF DEATH

09091

				Reg. Dist. P	40.
n. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Virgi:	b. COII	A ATM	efore odmission)
b. CITY OR TOWN (If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, wr		
Braddock Heights		Lovettsv	ille, Va.	83x-3	
d. NAME OF HOSPITAL (If not in hospital, give str	eet address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Vindobona Convalescent &	Rest Home	None			YES NO T
3. NAME OF First DECEASED (Type or print) LESTER	Middle	SCHUTTE	4. DATE OF DEATH	Month August	Day Year 12, 1959
100-11-0	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH August 23, 1	9. AGE (In you lost birthdo	eors IF UNDER 1 YE	AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Retired Investor	Investments	Brooklyn	, N.Y.	U.S.	A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
Charles Schutte		Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give wor or dates of service)		nformant Lorena W. Schi		Address Lovettsvi	lle. Va.
Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. DUE TO DUE TO (b) DUE TO	equinous cell				
PART II. OTHER SIGNIFICANT CONDITIO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					19. WAS AUTOPSY PERFORMED? YES NO 10
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature at injury in t	'art I or Part II of item 18.		
Haur a.m.	d. INJURY OCCURRED 20e. Pt. hile Nat while far work at work	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc.	20f. (City or town)	(Cauni	(State)
21. I certify that I attended the decorative on	259, and that death	occurred at 2:15 M.D. 228 N. Max Frederick	ADDRESS (Street, city or to	es and on the country state)	saw the deceased date stated above DATE SIGNED Aug 1959
220. BURIAL CREMATION, 22b. DATE THEREOF BENOVAL Specify) Aug. 11. 5	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, to-		(State)
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, I	ADDRESS	24a. REC'I	D BY REGISTRAR 24b. F	REGISTRAR'S SIGNAT	TURE

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	and the same				

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09092

Reg. Dist. No.

1	PLACE OF DEATH O. COUNTY FREDERICK MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. STATE MARYLAND b. COUNTY FREDERICK					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give notice) to the property of	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) // Frederick, Maryland					
9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) FREDERICK MEMORIAL HOSPITAL,	d. STREET ADDRESS Frederick, Md. S. IS RESIDENCE ON A FARMS. YES NO					
3	NAME OF First Middle TARE;	SCOTT 4. DATE Month Day Year 1959					
5	Female White Widowed Divorced	8. DATE OF BIRTH Marrie 27, 1898 9. AGE (In years lift UNDER 1YEAR IF UNDER 24 HRS. Manths Days Hours Min.					
1	Oa. USUAL OCCUPATION (Give kind of work done during most dworking life, even if retired) Seamstress Seamstress	TRY 11. BIRTHPLACE (Stote or foreign country) Frederick, Maryland USA.					
1	3. FATHER'S NAME George V. McC. Lare	14. MOTHER'S MAIDEN NAME Margaret Ellen Hamilton					
1		Sister Mrs. Charles Riddlemoser,					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	wound of Skull Instead Brusen onset and Death 2-his					
1	50	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO					
	200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) Lat Three Skull						
10000	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Haur a. m. 8, 14, 1937 of work of two works of tw						
	21. I certify that I taak charge af the remoins described obove, held an Autapsy, Inspection, Inquiry, and find that death resulted from: Natural couses, Accident, Suicide, Hamicide, Undetermined cause						
	ACTUAL SIGNATURE BOTHOMES	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED					
2	EXAMINER'S B.O. THOMAS, MD.	Assistant medical examiner August 16, 195					
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF ENTONBMENT Aug. 17. 59 Fred. Vemor	ial Park. Frederick Maryland					
2	3. FUNERAL DIRECTOR'S SUCHREAL HOME	DATERUG 1 B '59 Outland S. France					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09093

				Keg. Dian rec	•
1. PLACE OF DEATH 0. COUNTY			Where deceased lived. If		fore admission)
Frederick	MARYLAND	o. STATE Marv	land	Freder	rick
	GTH OF STAY IN 16	c. CITY OR TOWN (f autside corporate limits.		
and give nearest town)					
Frederick			erick		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ve street address)	d. STREET ADDRESS			e. IS RESIDENCE
Rosemont Ave. Frederi	ck. Md.	1631	Shookstown	Rd.	YES NO NO
3. NAME OF First	Middle	Last	4. DATE	Month Day	Year
OECEASED (Type or print) William He	nry Sc	ott	DEATH Aug	gust 14,	19 59
6. COLOR OR RACE 7. MARRIED T.	NEVER MARRIED [8. E	DATE OF BIRTH	9. AGE jin		IF UNDER 24 HRS
Male White WIDOWED	DIVORCED T	ebruary 28,	1888 71	yrs. Months Days	Hours Min.
Oa. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	ar foreign country)	12. CITIZEN O	F WHAT COUNTRY
during most of working life, even if retired)		With management		TT O A	
Retired carpenter	1.	Missouri		U.S.A.	
3. FATHER'S NAME		4. MOTHER'S MAIDEN	NAME		
Joseph Arnote		Vother	m Meill		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL	SECURITY NO. 17. INF	DRMANT	yn Neill	dress	
Yes, no, or unknown) 1 (If yes, nive war or dates of service)			^	301633	
1529-	01-1323 (Day	ighter) Ile	ne Tillson,	Princeton	Missour
18. CAUSE OF DEATH [Enter only one cause per line for (o),				INTE	RVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	08 +11	Mar. 1 a	e of no	ONS	ET AND DEATH
IMMEDIATE CAUSE (o)	- onor w	ound o	& Shull	1	2 horn
976× DUE TO			O		
Conditions If any which \				C. P. C. S. D.	
gove rise to immediate cause					
(o), stoting the underlying DUETO					
couse lost.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	TING TO DEATH BUT NO	T RELATED TO THE TERM	IINAL DISEASE CONDITIO		9. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW	NJURY OCCURRED. (Ent	er nature of injury in Pa	rt I or Part II of item 18.)	-7-621	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	n .	. 00		DD 1	
		ad up Skort	I, self in		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 20e. PLACE	OF INJURY (Home, for	n, i 20f. (City of fown)	(County)	(Stote)
20c. TIME OF INJURY Month, Day, Yeor Hour o. m. 730 p.m. 71977 1977 While of work 0	OCCURRED 20e. PLACE foctory at work A	runt are	Frederin	A Frederic	& med
21. I certify that I taak charge af the remain				A. Inquiry X	, and find the
death resulted fram: Natural causes, A	ccident . Suici	de A Hamicid	Indetermin	ed cause .	
		as Eil, Hanneld	, onderermin		
000					DATE SIGNED
SIGNATURE SUSTICIONAL	۵	M.D. CHIEF MEDICAL E	XAMINER 🗌		DATE SIGNED
		ASSISTANT MEDIC	AL EXAMINED		
EXAMINER'S NAME (Type) The P. O. Thomas Co.		DEPUTY MEDICAL	100 to 10	Anana	+ 16 10
NAME (Type) Dr. B. O. Thomas, Sr.	UP OF CP.			Augus	
REMOVAL (Specify)	ME OF CEMETERY OR C	REMATORY	22d. LOCATION (City,	own, or county)	(Stale)
Removal 8/16/59			Princetor	, Missouri	
	DDRESS	240, RFC	D BY REGISTRAR 24b.		RF
	derick. Mar			(9 11 a 8 H	

VS. A15ME(5) 5M 9/55 d

Halicabara Bull of the property TEREST CONTRACTOR TEREST CONTRACTOR OF THE PROPERTY OF THE PRO Little House House Company THE RESERVE OF THE PARTY OF THE Called Called Control of

TTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR may be retaine TO FUNERAL DIS

VS A15 (4) 15M 10/57

death. Page 4

9102 AARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No.

0	9	0	9	4
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. PLACE OF DEATH											
	rederick		MARYL		o. STATE Mary		lived. If institution b. COUNTY	_	nce befor		on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick C. LENGTH Yea					c. CITY OR TOWN (IF o	utside corpord erick	ote limits, write RU	JRAL ond	give nea	rest town	
d. NAME OF HOSPIT OR INSTITUTION Frederick	AL (If not in hospital, give emorial Ho	street oddro	ess) L		d. STREET ADDRESS	t Patr	ick Stre	et	·	ON A	DENCE FARMS NO PEX
3. NAME OF DECEASED (Type or print)	ALBERT		Middle LEWIS	3	SEEGER	4. DATE OF DEATH	Augus		24		9 59
5. SEX Male	6. COLOR OF RACE 7	MARRIED [ebruary 26,	1864	AGE (In years lost birthdoy) yrs.	Months Months	Days		
Oo. USUAL OCCUPATION during most of work Retire	ON (Give kind of work do ing life, even if retired)		of Business of		11. BIRTHPLACE (Stote Maryland		intry)	12. CI		F WHAT	COUNTRY
3. FATHER'S NAME Pet	er Seeger			1	4. MOTHER'S MAIDEN N		Woerner				
5. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FORCE If yes, give war ar dates of serv NO	S? 16. SOC Not			Katherine	Seeger	-Same as		m #2		
154 X Conditions, if o	mmediate Dus TO	-64			8		tim			102	ham
Couse (o), stoting lying couse lost. PART II. OTH	(c)_	TIONS CONT	TRIBUTING TO DEA	NTH BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 15		
PART II. OTH PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	(c)_ IER SIGNIFICANT CONDI				T RELATED TO THE TERMI			EN IN PAI	RT 1(o) 15	PERFO	AUTOPSY RMED?
lying couse lost.	(c)_ IER SIGNIFICANT CONDI S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	06. DESCRIBE	HOW INJURY OC Y OCCURRED Not while	CCURRED. (I		Port 1 or Port 1	II of item 18.)		RT 1(o) 15	PERFO	RMED?
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o.m. p.m. 21. I certify th olive on	IER SIGNIFICANT CONDI S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER Y Month, Day, Year 19 of I attended the cause Thomas E.	20d. INJUR While of work leceased f , 1957	Y OCCURRED Not while of work , and that	20e. PLACE foctory death oc	OF INJURY (Home, form, street, office bldg., etc., 1958, to 60 curred at 12:30 Mest Thir	20f. (City of	or town) 1 , 1957 the causes a set, city or town, set	, that I	(County)	PERFO YES	(Stole) deceased abave
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o.m. p.m. 21. I certify th olive on	IER SIGNIFICANT CONDI S. UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER Y. Month, Day, Year 19 at I attended the death	20d, INJUR While of work leceased f , 1957	Y OCCURRED Not while of work rom. Jan, and that	20e. PLACE foctory death oc	OF INJURY (Home, form, street, office bldg., etc. 1952, to 60 coursed at 12:20 West Thir Frederick	20f. (City of	or town) 1 of item 18.) 1 or town) 1 he causes a set, city or town,	, that I	(County) last sa the dat	PERFO YES	(Stole) (Stole) deceased abave tre signer

MARYLAND STATE DEPARTMENT OF HEATH PATRIMORE, 18
CERTIFICATE OF DEATH

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The charge of			I calbarator.	
	THE RESERVE TO SERVE			
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9103 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09095

		CERTIFICA	TIE OI DEATI		Reg. Dist. No.	
PLACE OF DEATH O. COUNTY	Frederick	MARYLAND	O STATE	ryland b. COUNTY		
b. CITY OR TOWN (I RURAL ond give no Frederic		c. LENGTH OF STAY IN 15		outside corporate limits, write rederick	RURAL and give near	rest town)
OR INSTITUTION	TAL (If not in hospital, give stree econd Street	et address)	/ d. STREET ADDRESS 205 West	Second Street		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	DORSEY	Middle FRANKLI	N SHIPLEY	4. DATE Mo OF DEATH Augu	ust 24,	
5. SEX Male	6. COLOR OR RACE 7. MAI		B. DATE OF BIRTH February 20,	9. AGE (In years last birthday) 52 yrs	Manths Days	Hours Min.
Retired N	king life, even if retired)	Sporting Goods			12. CITIZEN OF USA	WHAT COUNTRY
13. FATHER'S NAME	F. Shipley		14. MOTHER'S MAIDEN I	L'asterday		
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16		NFORMANT		dress me as Item	n #2
	ATH [Enter only one couse per ATH WAS CAUSED BY:	line far (a), (b), and (c).]			INTER	RVAL BETWEEN ET AND DEATH
Conditions, if o gove rise to i couse (a), stating	DUE TO ny, which mmediate DUE TO	arcinon	i of the	le bladd	er ä	2 yes
N Y	Pore	CONTRIBUTING TO DEATH BUT			IVEN IN PART 1(o) 19	P. WAS AUTOPSY PERFORMED? YES NO
□ OR CONTRIBUTING	MEDICAL EXAMINER)		ACE OF INJURY (Home, formattory, street, office bldg., etc.	n, 20f. (City or town)	(Caunty)	(State
	not I oftended the dececy May 19 Robert D. Crou	ork of wark or wark or	accurred at 5:004	M, from the couses of ADDRESS (Street, city or town Center	nd on the dote n, state)	the decease stoted obov DATE SIGNE /26/59
220. BURIAL, CREMATIC REMOVAL (Specify)		22c. NAME OF CEMETERY O Mount Olivet	R CREMATORY	22d. LOCATION (City, town, Frederick,		(Stote) yland
23. FUNERAL DIRECTOR		ederick, Maryla		AUG 2 8 159 24b. REG	Chilly S. Ka	

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, or death. Page 4 may be retain by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by or funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registror prior to burial, crematian, ar removal, and in ony event within 72 hours often death.

VS A15 (4) 15M 9/5B

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VS A15 (4) 1SM 10/S7

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9132 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09096 Reg. Dist. No.

1.	PLACE OF DEATH O. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Clipped and b. COUNTY
T	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If adtside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS 42 N. Water St e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Harry & Middle	Shuckhazt DATE Month B Day Year 1959
5.	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Sanuary 8, 1876 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10	On USUAL OCCUPATION (Give kind of work done during mostlof working life, even if retired)	JSTRM 11. BIRTHPLACE (State or foreign country) Maryland U.S. H
13	Granter's NAME Conrad Shuckhart	Mary Ge's
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? Tes. no. of unknown) [If yes, give wor or dates of service] [If yes, give wor or dates of service]	ictor Cellen Hospital Keend
	18. CAUSE OF DEATH [Enfer only one couse per line for (a), (b), and (c).] PART f. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause last. (c)	Tuberculocis Interval Between ONSET AND DEATH ONSET AND DEATH
CERTIFICATION	PART IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \)
		ED. (Enter nature of injury in Port for Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year Mour o. m. 19 While of work of work 19	LACE OF INJURY (Home, farm, cotory, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that I attended the deceased from 5 13 alive on 8 1 , and that death ACTUAL SIGNATURE 7 , and that death SIGNATURE 7 , and the signature	h occurred at John, from the couses and on the date stated above pate(s) GNED. M.D. Victor Culty State Hospu State M.D. Culty M.D.
22	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8-8-59 Frostburg M	(Siche)
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 7 '59 Circles & House

- STATE OF DEATH-137

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09097

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY b. COUNTY MARYLAND Frederick Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c: CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give nearest lown)
Frederick Since 8-10-59 Point of Rocks d. NAME OF HOSPITAL (If not in hospital, give street oddress)
Frederick Memorial Hospital e. IS RESIDENCE d. STREET ADDRESS ON A FARMS YES NO First Middle 4. DATE Month Day Year DECEASED 1959 SIGAFOOSE (Type or print) NONA HITERKY DEATH August 16. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months October 29.1881 White WIDOWED DIVORCED [Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) TISA At Home Maryland House-work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Jane Brown Charles W. Wright 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Miss Ocale C. Wright- Same as Item #2 No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO 420.0 Conditions, if ony, which gove rise to immediate DUE TO coese (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc. o. m. Not while of work at work 19____,that I last saw the deceased 21. I certify that I attended the deceased fram, and that death accurred at 7:10A_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Medical Center Frederick, Maryland PHYSICIAN'S Rex R. Martin, M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) St. Paul's Cemetery Point of Rocks, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR M. R. Etchison & Son, Frederick, Maryland

DATE AUG 2 0 '59

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09098

								Reg. Dist.	No.
1. PLACE OF DEATH	73 3 - 1 3			41	ESIDENCE (W	here decease			e before admission)
	Frederick	K	MARYLAND	O. STATE	Mar	yland	b. COUNT	Fre	derick
and ame necrest Journ	outside corporate limits, write (ENGTH OF STAY IN 16	c. CITY C	OR TOWN (IF	outside corp	orote limits, write	RURAL ond g	ive nearest town)
Route	ir#c15	7.1	1 503	X	Thurm	ont			
	AL OR INSTITUTION (IF			d. STREET	ADDRESS	1-1-			e. IS RESIDENCE ON A FARM?
prouteit	Frederic	KloHos	pital	E.	Main	St.			YES NO
3. NAME OF DECEASED (Type or print)	First Howard	i Bla	Middle aine	Smith	ost	4. DATE OF DEATH	Augus		Day Year 19 59
5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	8. DATE OF BIR	TH		9. AGE (In years	IF UNDER 1Y	EAR IF UNDER 24 HRS
male	white	WIDOWED 🔯	DIVORCED	8-24-	1882		76 yrs.	Manths Da	ys Hours Min.
100. USUAL OCCUPATIO	ON (Give kind of work do	one 10b. KIND C	OF BUSINESS OR INDUS	TRY 11. BIRTHI	PLACE (Stote o			12. CITIZE	N OF WHAT COUNTRY
Farmer	ig life, even if retired)	Own	n Farm	Ma	ryland	d			U.S.A.
13. FATHER'S NAME				14. MOTHER	'S MAIDEN N	AME		'	
Georg	e Smith			E	mma C	. Rus	h		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE		L SECURITY NO. 17.	INFORMANT			Address		
No No	(If yes, give war or dates of ser	217-	-12-1803	Mrs.	Morri:	s Eby	Roc	cky Ri	dge, Md.
Canditions, if or gove rise ta immed (o), stating the couse lost. PART II. OTHER COUSE OF DEATH.	diate couse	tions <u>co</u> ntrib	UTING TO DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	JSE WAS NTRIBUTING [] 20b.	DESCRIBE HOW	/ INJURY OCCURRED.	Enter noture of	injury in Port	I or Port II o	of item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Month, Day, Year	While	OCCURRED 20e. PU	ACE OF INJURY tory, street, office	(Home, form, ce bldg., etc.)	20f. (City	or town)	(Caunty	(Stote)
	nat I took chorge of from: Notural co						spection [], determined c	Inquiry cause	, ond find the
ACTUAL SIGNATURE EXAMINER'S		me	es_	M.U.	MEDICAL EXA		0		DATE SIGNED
NAME (Type)	B.O. Thoma	as		DEPUT	Y MEDICAL E	XAMINER [
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF		. Hope Ce				on (City, town, o		(Stote)
23 FUNERAL DIRECTOR		agn T	ADDRESS		24a. REC'D	BY REGISTR	AR 24b. REGIS	STRAR'S SIGN	ATURE

VS. A15ME(5) 5M 9/55

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VS A15 (4) 15M 9/SS

09099

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL e. IS RESIDENCE ON A FARM? YES NO 12 Month Year Day 195 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthdoy) Months Days 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO D 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) Fell while walking in bedroom fracturing femur 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) Frederick .Ladiesburg Md 1949 that I last saw the deceased 1:15 AM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 3 1 '59 arthur & Kuns

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HEALTH DEPT.

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TO DEPUTY MEMICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is suggestary, please execute the icaie, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral pater. Page 4 should be 12 worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far, your files. OF FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event writing 2 hours after death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9105 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09100

				Keg. Di	ist. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (V			ence before odmission) ederick
b. CITY OR TOWN (If outside corporate limits, write RUR Frederick)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	outside corporale li erick	mits, write RURAL and	give nearest lawn)
d. NAME OF HOSPITAL OR INSTITUTION (IF no DOA Frederick Memorial		d. STREET ADDRESS 30-A	East Four	th Street	e. IS RESIDENCE ON A FARM? YES NO N
3. NAME OF First DECEASED (Type or print) GEORGE		SOUDER .	4. DATE OF DEATH	Month August	Day Year 9, 19 59
Mola Mosta	MARRIED NEVER MARRIED B	DATE OF BIRTH		rthdoy)	TYEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Driver	106. KIND OF BUSINESS OR INDUST Bus Company	RY 11. BIRTHPLACE (Side Marylan			ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN			
George C. Souder			H. Grimes		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES (You, no, or unknown) Yes (If yes, give war or dotes of service) WII	1	s. M. Helen	Souder (Sa	Address ume as item	n #2)
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO Course last.	Coronary Thrombos				INTERVAL BETWEEN ONSE AND DEATH Minutes
PART II. OTHER SIGNIFICANT CONDITION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.					1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X
20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. D PATH. 20c. TIME OF INJURY Month, Day, Yeor Haur a. m. p. m. 19	ZOd. INJURY OCCURRED (E 20d. INJURY OCCURRED 20e. PLAC While Not while of work of work	CE OF INJURY (Home, farm ary, street, affice bidg., etc.	n, i 20f. (Cily or lown		inly) (Stote)
21. 1 certify that I took charge af opinion death resulted fram: Nat	the remains described about a causes . Accident [Homicide [], KAMINER [] AL EXAMINER []	Undetermined n	
220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL Specify) 8-12-59	Mount Olivet		Proderion (Ci	ly. lown, or county)	nd (State)
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son,	Frederick, Maryla	nd	1 3 '59	Carifua 9 4	

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CERTIFICATE OF DEATH

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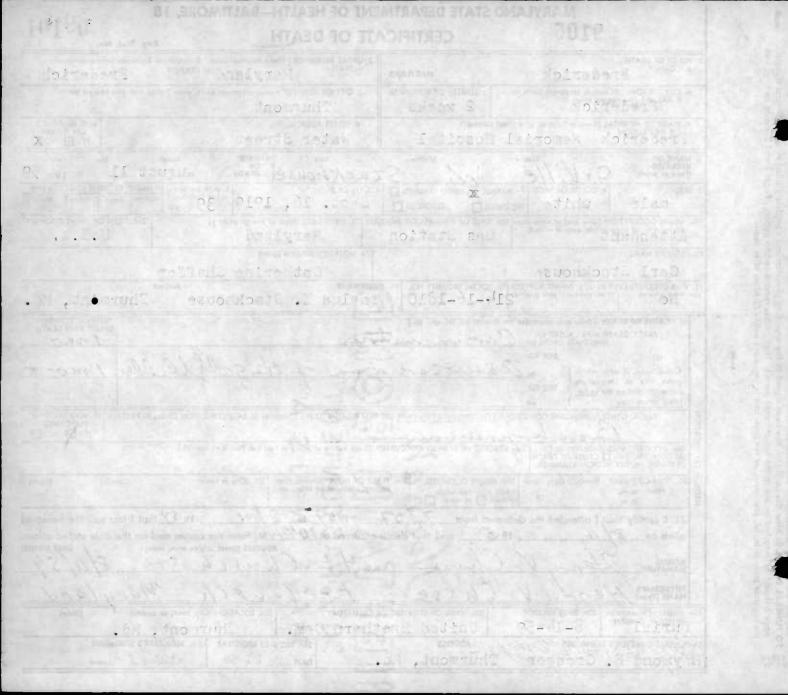
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UNERAL DIACTOR: After this certificate has been signed by the attending physician and completely filled in by ge 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours HOSPITAL OR A COY be reform the PUNERAL DITTER AL DITTER

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			Keg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Frederick	C MARY	LAND 2. USUAL RESIDENCE (Where deceased lived. o. STATE Maryland	If institution: Residence before admission) COUNTY Frederick
b. CITY OR TOWN (If outside corporate RURAL and give negress fown)	c. LENGTH OF STAY 2 Weeks		its, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION Frederick Memo	tol. give street oddress) Orial Hospital	/d. STREET ADDRESS Water Street	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	First Middle	Stackhouse 4. DATE OF DEATH	August 11 Day Year 19 59
5. SEX male 6. COLOR OR RA	TOTAL	Cant 76 7070 104	(In years of the period of the
10a. USUAL OCCUPATION (Give kind of w during most of working life, even if re	rork done 10b. KIND OF BUSINESS O fired) Gas Stati	R INDUSTRY 11. BIRTHPLACE (Stote or foreign country) On Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Carl Stackhous		Catherine Sh	
15. WAS DECEASED EVER IN U. S. ARMED [Yes, nover unknown] (If yes, give wor or date	= of service 21+-16-1810	Thelma Y. Stackhou	se Thurmont, Md.
Conditions, if ony, which	BY:	uniona of the gal	INTERVAL BETWEEN ONSET AND DEATH I mo
PART II. OTHER SIGNIFICANT	200 DESCRIBE HOW INJURY O	ATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.	PERFORMED? YES NO
U (IF EITHER, NOTIFY MEDICAL EXAMIN 20c. TIME OF INJURY Month, Day, Hour a. m. p. m.		20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	n) (County) (State)
21. I certify that I attended alive an SIII	20		causes and an the date stated abave yor town, stote) DATE SIGNED
PHYSICIAN'S HENRY 220. BURIAL CREMATION, 226. DATE TH	V. Chase	ETERY OR CREMATORY 22d, LOCATION IC	Maryland
220. BURIAL, CREMATION, 22b. DATE TH			ity, town, or county) (State)
Paymond E. Creag	Durge ADDRESS Thurmont,	24o. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE Centhury & House



119102

Reg. Dist. No.

arthur S. Kraus

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO Month Year 195 UNDER 1 YEAR IF UNDER 24 HRS last bythdoy) Months Days 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH udden PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Fracture (County) (Stote) Fred 19 19 that I last saw the deceased M, from the causes and an the date stated above. ADDRESS (Sireet, city or town, stote) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE **ADDRESS** 24a. RECO BY REGISTRAR

DATE

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CEDTIEIC ATE OF DEATH

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a. COUNTY	Frederick		MARYLAND	2. USUAL RESIDE o. STATE	NCE (Where		ved. If instituti b. COUNTY	-	before od	
b. CITY OR TOWN RURAL and give		write c. LENG	TH OF STAY IN 16		WN (If outs Freder		limits, write R	URAL ond giv	re nearest	town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give			d. STREET AD		ckwell	Terra	ce	0	RESIDENCE IN A FARM
3. NAME OF DECEASED (Type or print)	First EDWA		Middle PHILIP	THOMAS		OF DEATH	Augu		25,	Year 1959
5. SEX Male	6. COLOR OR RACE	MARRIED N	DIVORCED	B. DATE OF BIRTH February	26, 1	-	AGE (In years last birthdoy) 7 yrs.	Months D	YEAR IF U	- 1
10a. USUAL OCCUPAT during most of wa Doctor	ION (Give kind of work dorking life, even if retired)	one 10b. KIND OF Surge			CE (State or arylan		try)	12. CITIZI	USA	AT COUNTR
13. FATHER'S NAME	ton I Thomas			14. MOTHER'S M	ue Mat					
	TEON L. Thomas FER IN U. S. ARMED FORCE Of the service of the serv	ES? 16. SOCIAL S		NFORMANT S. Louise			Same as		#2	
Conditions, if gove rise to couse (a), stating lying cause lost PART II. O	immediate DUE TO	ITIONS CONTRIBL	UTING TO DEATH BUT	NOT RELATED TO T	Perote THE TERMINA		ondition GIV		PE	AS AUTOPS
	AS UNDERLYING A GAUSE OF DEATH Y MEDICAL EXAMINER)	0b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter noture of i	injury in Par	t I or Port II	of item 1B.)	Volume		
20c. TIME OF INJU Hour o. m. p. m.	10	While Nat		ACE OF INJURY (Ho ctory, street, office b		20f. (City or	town)	(Co	ounty)	(Sto
ACTUAL SIGNATURE	hat I attended the selection of the sele	ywold.	and that death)	hurch	, fram the DRESS (Street	t, city ar town,	d an the	date sta	e deceas nted abay DATE SIGN 27/59
220. BURIAL, CREMATI REMOVAL Specific	ON, 22b. DATE THEREOF	22c. N/	AME OF CEMETERY O			d. LOCATIO	N (City, town,		Mary	(State) and
23. FUNERAL DIRECTO		AD	oress ick, Maryl	and	DATEIG 2	REGISTRA		STRAR'S SIGN		

al director, filed with the funeral attending physician and campletely filled in by the funeral please remove corbby popers. Pages 1 and 2 should be ITENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours popers.

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may be retain to the haspital or ottending paysterum.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending to FUNERAL DIRECTOR. After this certificate has be not be burial-transit permit. Then please

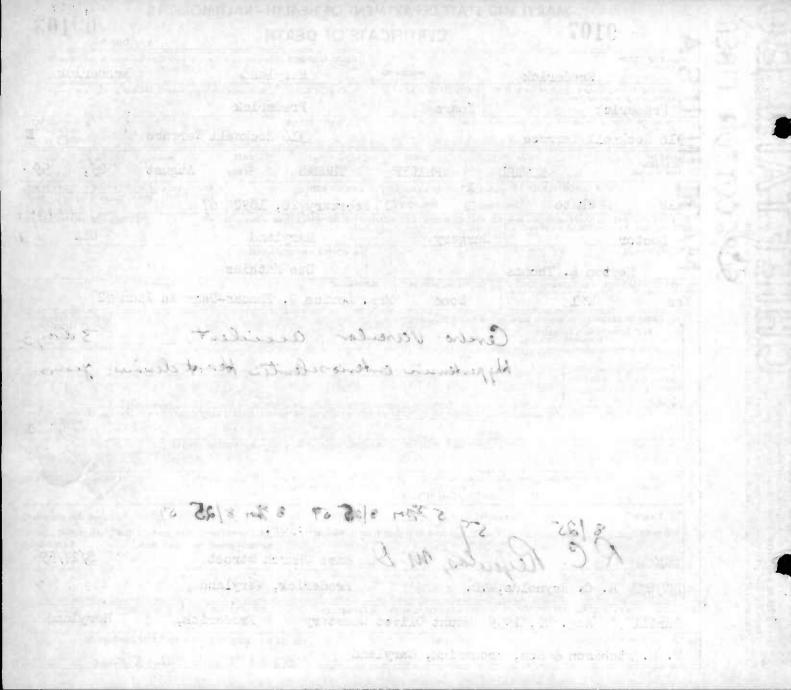
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the registrar prior

TO HOSPITAL VS A15 (4)

15M 9/5B



FOR STATE HEALTH DEPT

TO DEPUTY MEXCAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is servisary, please execute the a cost, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral clark. Page 4 should be lockwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar remarkal, and in any event within 22 hours after death.

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VS. AISME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9108 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09104 Reg. Dist. No.

					The second secon				
	COUNTY Fre	derick	MARYLAND		eryland		tution: Reside		lmission)
b	Frederick	outside corporate fimits, write RURA	L LENGTH OF STAY IN 16	JL.	own (If outside corp ackeystown		e RURAL and	give nearest	tawn)
-		AL OR INSTITUTION (If not Memorial Hos	in hospital, give street address)	d. STREET ADD				0	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	First HARRY	Middle IRVIN	TROUT	4. DATE OF DEATH	Mon A	" ugust	Day 22,	Year 1959
5. 9	Male	9879 . P. L	MARRIED NEVER MARRIED 8	DATE OF BIRTH 27 Oct 19	1	9. AGE (In years lent purthday) yrs.		1YEAR IF UN Days Hour	NDER 24 HRS. Min.
100 C	USUAL OCCUPATION TO STATE PAYE	a life even it retired)	10b. KIND OF BUSINESS OR INDUST Everedy Company	RY 11. BIRTHPLACE Maryla		ountry)	US US		AT COUNTRY?
	FATHER'S NAME eorge W. T	rout		14. MOTHER'S MA	e Jane Ric	ketts			
15. [Yes	WAS DECEASED EVI	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		eorge W.	Frout (Sa	Addres ume as i	14 -)	
		DUE TO ny, which (b) onderlying DUE TO	r line for (o), (b), ond (c).] Funshot Wound of F	Head					rs &
CERTIFICATION	PART II. OTH	ISE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury	y in Part I ar Part II o		VEN IN PART	1 1(o) 19. WA PERI	FORMEDZ
MEDICAL CI	20c. TIME OF INJUI 3 Hour XXXX p. m.	Y Month, Day, Year	shot Wound of Hea	CE OF INJURY (Hom	ne, form, 20f. (City	or town) Buckeyst	(Cou own-Fr		(Stote) k, Md.
		resulted from: Natu	the remains described about a causes , Accident [, Suicide [, Inquir	nanner [Ind in my
		3. O. Thomas,		DEPUTY ME	MEDICAL EXAMINER	_	24	Aug 19	59
]	Burial (Specify)		Mount Olivet (Cemetery	Frede	on (City. town,			ate)
23.	M. R. Etch	s signature nison & Son, F	rederick, Marylar	nd I	o. REC'D BY REGISTI		ISTRAR'S SIG		•

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09105 Reg. Dist. No.

		9136	CERTIFICATE OF DEA				
	PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (Whee			
ľ	b. CITY OR TOWN RURAL and give	(If outside corporate limits, write nearest town) burg rur al	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou			
	d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, give strong		d. STREET ADDRESS			
	NAME OF DECEASED (Type or print)	Helen Mi	ssouri Valen	tine			
S.	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH			

1. PLACE OF DEATH O. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN, (If outside corporate limits, write RURAL and give nearest town) Himmitsburg rur. al 50 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Emmitsburg Tural
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO } \text{NO } \text{Z}
3. NAME OF DECEASED (Type or print) Helen Missouri Walen	tine Last 4. DATE Month Day Yeor DEATH August 15 1959
S. SEX female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH March 5, 1865 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired) Housewife Own home	I1. BIRTHPLACE (State or foreign country) Maryland U.S.A.
John Ohler	Annie Shorb
	Emory Valentine Emmit sburg, Md.
18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	lio Cardin Vas dispase prosest and Death
422.1 DUE TO	te caracir various persons gent
Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> Lying couse lost.	
, (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO IN
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote
21. I certify the lattended the deceased fram alive an uniq 14, 1937 and that death	1930, to 1975, 19 / that I last saw the deceased accurred at 030M, from the causes and an the date stated abave
ACTUAL SIGNATURE NA Coule	ADDRESS (Street, city or rown, stote) DATE SIGNED AND MALE SULPHINESS (Street, city or rown, stote)
	M.D. Milling & dy 10-a 2 11 09

NAME (Type) W .R . Cadle

22b. DATE THEREOF 220. BURIAL, CREMATION, REMOVAL (Specify) 8-18-59

22c. NAME OF CEMETERY OR CREMATORY Mt. Tabor Cemetery 22d. LOCATION (City, town, or county) Rocky Ridge, Md.

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Burial
23. FUNERAL DIRECTOR'S SIGNATURE
Raymond E. Creager

Thumont, Md.

ADDRESS

DANUG 2 0 '59

anthun S. Huma

physician may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed page 3 shauld be detached for use as the burial-transit permithe registrar prior ta burial, cremation, ar removal, and in an

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

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VS A1S (4) 1SM 9/SB



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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9	137	CERTIFIC	ATE OF DEATH		Reg	. Dist. No.	THE S
1. PLACE OF DEATH o. COUNTY Frederick		MARYLAND	2. USUAL RESIDENCE (WI			sidence before	
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) RD	limits, write	c. LENGTH OF STAY IN 16 29 Years	c. CITY OR TOWN (IF a	outside corporate lin		and give near	rest tawn)
d. NAME OF HOSPITAL (If not in hospit OF INSTITUTION, QUINN HOAD	al, give street	oddress)	d. STREET ADDRESS Quinn	Road		e	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WIII	First LIAM	Middle LEWIS	WACHTER	4. DATE OF DEATH	Month Augu	Day	
5. SEX 6. COLOR OR RA	CE 7. MARR	IED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 18 May 1890	9. AG	E (In years IF UN birthday) Man yrs.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind af w during mast af working life, even if rel Farmer	ired)	kind of Business or Indi	JSTRY 11. BIRTHPLACE (State Maryland		12	USA	WHAT COUNTRY
13. FATHER'S NAME Granville L. Wacl	nter		14. MOTHER'S MAIDEN N				
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give wor or date	- of contract	SOCIAL SECURITY NO. 15-36-6904 MI	informant rs. Ella S. Wa	achter (Sa	Address ame as it	tem #1))
Canditions, if any, which)	BY:	er for (o), (b), and (c).]	of Throm	lasi.			RVAL BETWEEN ET AND DEATH
PART II. OTHER SIGNIFICANT OF CONTROL OF CONTRIBUTING CAUSE OF DE.	20b. DESC	CONTRIBUTING TO DEATH BU				PART 1(a) 19	P. WAS AUTOPS PERFORMED? YES NO
=		_ Not while fe	LACE OF INJURY (Home, formoctory, street, office bldg., etc	n, 20f. (City ar taw	rn)	(Caunty)	(Stot
21. I certify that I attended alive on ang 19	195	ed from January 2	h occurred at 4 A	M, from the c ADDRESS (Street, ci cket St.		the date	
PHYSICIAN'S B. O. Thom. 22a. BURIAL, CREMATION, BUREAU (Specify) 8-25-	EREOF	22c. NAME OF CEMETERY Of Mount Olivet	OR CREMATORY	22d. LOCATION (City, tawn, or cou		(State)
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & S.	on, Fre	ADDRESS derick, Maryl		D BY REGISTRAR	24b. REGISTRAR	S SIGNATUR	



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9109 CERTIFICATE OF DEATH Reg. Dist. No director, ited with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission). o. COUNTY Filed b. COUNTY MARYLAND 1210 P2 b. CITY OR TOWN (If outside corporate limits, write CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS PESIDENCE OR INSTITUTION ON A FARM? YES TO NO T C NAME OF Middle DATE Last Month Day Year filled DECEASED OF (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 9. AGE (In yours lost birthday) E UNDER 1 YEAR IE UNDER 24 HP DATE OF RIPTH Months Days DIVORCED [WIDOWED T popers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? carbon pope other deoth. during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH á PART f. DEATH WAS CAUSED BY 5-10 min MMEDIATE CAUSE TO DUE TO Conditions, if ony, which gove rise to immediate per DUE TO cotise (o), stoting the underlying cause lost. burial-tronsit PART HE. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 101 19. WAS AUTOPSY PERFORMED? YES | NO X 200. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While o. m. Not while of work ot work D. m 21. I certify that I attended the deceased fram 1957, that I last saw the deceased and that death accurred at fram the causes and an the date stated above. 8 ADDRESS (Street, city or town, 0 ACTUAL prior SIGNATURE should 0 PHYSICIAN'S NAME (Type) FUNER c 22b. DATE THEREOF BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county (Stote) poge REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Page

death.

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VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09108

D. COUNTY					2. USUAL RESIDENCE (Where decea				
Fre	derick		MAR	YLAND	o. STATE Ma	ryland	b. COUNTY	Fre	deri	ck
b. CITY OR TOWN (If a	utside corporate limits, writi	RURAL C.	LENGTH OF STAY	IN 16	c. CITY OR TOWN (I					prest town)
Braddock H	eights		Hour		× Freder	ick-Ru	ural- R.F	.D.#4		
d. NAME OF HOSPITA Pond-Straws		_		ns)	d. STREET ADDRESS Ballen	ger C	reek Road			ON A FARM?
3. NAME OF DECEASED (Type or print)	ALVEY	11	DOUB Middle		YOUNG, JR.	4. DATE OF DEATH	Augus		18,	Y-059
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [NEVER MARRIE		pate of Birth	1933	9. AGE In yours 25 yrs.	Months	-	F UNDER 24 HRS Hours Min.
100. USUAL OCCUPATION during most of working Farmer	(Give kind of work life, even if retired)	done 10b. KINI	of Business or Farming	INDUSTR	Y 11. BIRTHPLACE (Stole	11 -			SA	WHAT COUNTR
13. FATHER'S NAME Alvey	Doub Your	ng, Sr.			14. MOTHER'S MAIDEN Leah La					9.439
15. WAS DECEASED EVER	IN U. S. ARMED FO If yes, give wer or dates of NO	service)	-36-1070	100	Alvey D. You	ing,Sr	Address -Same as	Item	#2	
PART I. DEATH PART I. DEATH PAGE OF DEATH PAGE I. DEATH PA	WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO (b) one couse	D	(a), (b), and (c).]						INTERV. ONSET	AL BETWEEN AND DEATH INUTES
20g. EXTERNAL CAUS	E WAS 20	b. DESCRIBE HO	OW INJURY OCCU	RRED. (En	OT RELATED TO THE TERM			EN IN PAR	T 1(0) 19.	WAS AUTOPSY PERFORMED?
CAUSE OF DEATH. 20c, TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes		URY OCCURRED	20e. PLACI	Development FOF INJURY (Home, form y, street, office bldg., etc wby's Lake	.)	y or town)		red.	(Stole) Md.
LUCKE BUT TO THE SECOND					e, held on Autops L Suicide [],	y □, I Hamicide	nspection X, Undeter	Inquir mined r	, ,	and in my
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	B. O. Tho	mas, M.	D.	n	M.D. CHIEF MEDICAL E. ASSISTANT MEDIC DEPUTY MEDICAL	AL EXAMINE	R 🗆		8/	18/59
220. BURIAL, CREMATION	. 226. DATE THEREC	F 220	. NAME OF CEMET	ERY OR C	REMATORY	Tand LOCA	TION (City, town, a	a annual l		(State)
Burial (Specify) 23. FUNERAL DIRECTOR'S	Aug.20,1		ount Oliv		emetery		Frederick	,		Marylan

and i The second secon Commission of the Commission o THE RESIDENCE OF THE PROPERTY no. 20,1959 | and a Civel Server Server ALTER DE LA COMPANIE M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 9110

CERTIFICATE OF DEATH

0	9	1	1)	1
U	U	T	4	9,

Rea Dist No

								Key, Dist. It	10,			
1. PLACE OF DEATH o. COUNTY F:	rederick		MARYL	AND	2. USUAL RESIDENCE (WHO O. STATE Marvl		b. COUNTY	n: Residence be				
RURAL ond give ne	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick c. LENGTH OF STAY IN 1b 50 Years					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) // Frederick						
d. NAME OF HOSPIT OR INSTITUTION Wynelle Nu:	At (If not in hospital, g	give street	oddress)		d. STREET ADDRESS 530 Tr	ail A	venue		e. IS RESIDENCE ON A FARM? YES NOTA			
3. NAME OF DECEASED (Type or print)	cu.	RTIS	Middle THOMAS		ZIMMERMAN	4. DATE OF DEATH	Mont Augus		Doy Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED	-	8. DATE OF BIRTH November 13,1	.864	9. AGE (In years Jest birthdoy) 11 yrs.	Months Days	AR IF UNDER 24 HRS 3 Hours Min.			
10a. USUAL OCCUPATION during most of work Farming	DN (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	Maryland		ountry)	12. CITIZEN USA	OF WHAT COUNTS			
13. FATHER'S NAME					14. MOTHER'S MAIDEN N							
Peter	T. Zimmer	man			Ann Ma	ria C	ronise					
15. WAS DECEASED EVER (Yes no. or unknown) NO	R IN U. S. ARMED FOR (If yes, give war or dates of s		None		• Mamie C. Ar	mold,	Lucketts		nia			
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c)	no for (o), (b), and (c).] We wish	00.	A				NEETVAL BETWEEN NSET AND DEATH Moutu			
gove rise to in couse (a), stating t lying couse tost.	nmediate (- Spusson		Louis			(jean			
TA THE TANK		DITIONS	CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE TERMI	NAL DISEASI	E CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO			
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	D. (Enter noture of injury in f	Port I or Part	t II of item 1B.)					
Y 20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	While of wor	_ Not while _	Oe. PLA foc	ACE OF INJURY (Home, form tory, street, office bldg., etc.	20f. (City	or town)	(Count	y) (State			
21. I certify the alive on	at I attended the	deceas , 19_5			occurred at 1:15A. Profession	ADDRESS (SI	the causes ar	nd on the d	saw the deceas date stated above PATE SIGN 8/18/59			
IVAME (Type)	ames B. Th				Frederick	Mary	land					
220. BURIAL, CREMANO REMOVAL (Specify) BURIAL	Aug.19,1		Mount Oliv			Pre Fre	on (City, town, or derick,	county) Ma	aryland			
23. FUNERAL DIRECTOR'S M. R. Etch		, Fr	ADDRESS ederick, Mar	ryla	•	2 4 '59		TRAR'S SIGNAT	URE			

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by Juneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours pleas death. TO HOSPITAL OR TO FUNERAL DIS VS A15 (4) 15M 10/57

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

CERTIFICATE OF DEATH 271299 THE THOUGHT STREET MESSAGE STREET The second sector in the beautiful of the county are restricted. STEETS STATES SERVICE CONTRACTOR OF STATES and around the box areas and seen to a first because of the box and the first and the first and the box are a first and the bo The first term of the control of the the state of the s

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